B - 1	No.	T POC BU	CERTIFICAT	E OF DEAT	H	00586
M	PLACE OF DEAT		MARYLAND	2. USUAL RESIDER	b. COUNT	
	b. CITY OR TOWN write RURAL or	(if outside corporate limits ad give neerast town)	c. LENGTH OF STAY IN 16		(If outside corporete limits, write	RURAL end give neerest town)
y -		PITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS		a. IS RESIDENC ON A FARM
-	2 Colleg 3. NAME OF DECEASED	ge Avenue	Middle	Last	ege Avenue	YES NO Dey Yeer
_	(Type or print) 5. SEX	Luther	William	Abrecht	DEATH January	2 19 62
	Male	White	. HINKIES LITET EN HINKIES L	pril 3,1885		Months Deys Hours Min.
	done during most of w	ATION (Give kind of work working life, even if retired	106. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Co.	inty & Stele, or foreign country)	12. CITIZEN OF WHAT COUNTRY
-	Brick Ma	lsen	Contractor	Frederick 14. MOTHER'S MAIDEN	NAME	U.S.A.
1)	Jehr	William Ab	recht	Sarah E	-Quina	
		VER IN U.S. ARMED FORG	orical	INFORMANT	Address	
-	No		214-10-3216 Mr	s.Chester M.	Kmill, 2 Cellege	Ave.Frederick.
		TH WAS CAUSED BY:	10 0		7	ONSET AND DEATH
		IMMEDIATE CAUSE (e)	CORONARY 1	HROMBOS13		16 minute
	12	O DUE TO	ARTERIUSCLEROTI	Llesson	DISEASE	10 11
	Conditions, if en	diete ceuse	THE LERION LEROTI	ic imaget	Chease	14917
	(a), stating the	underlying DUE TO				
		ER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPS
A .		. /	,			
1	E Chi	ronic bronch	its + pulmenary	em physema		PERFORMED?
0	200. ACCIDENT V	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURED	Emphysema D. (Enter neture of injury in		
	200. ACCIDENT NO CONTRIBUTION (IF EITHER, NOTIF) 200. TIME OF INM. Hour a.m.	WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURED	11/11	Part I or Part II of Item 18.)	
	OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INI Hour a.m. p.m.	WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Day, Yea	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED 20e. PLA While Not While fact	O. (Enter neture of injury in ACE OF INJURY (Home, fer lory, street, office bldg., el	m, 2Df. (City or town)	(County) (Stata)
	OR CONTRIBUTION OF CONTRIBUTION (IF EITHER, NOTIF 20e. TIME OF IN: Hour a.m. p.m. 21. I certify	WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Day, Yea	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED 20e. PLA While Not While facil ef work ef work	O. (Enter neture of injury in ACE OF INJURY (Home, fellory, street, office bldg., el	m, 2Df. (City or town)	(County) (Stata)
	OR CONTRIBUTION OF CONTRIBUTION (IF EITHER, NOTIF 20e. TIME OF IN: Hour a.m. p.m. 21. I certify	WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) URY Month, Day, Yea 19 that (1) (this hospit	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED While Not While fact et work 10 of work 11 of work 12 of work 12 of work 12 of work 13 of work 14 of work 15 of work 15 of work 16 o	ACE OF INJURY (Home, for lory, street, office bldg., el	m, 2Df. (City or town)	(County) (State) (County) (State) (County) (State) (County) (State)
	OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF IN: Hour a.m. p.m. 21. I certify saw the decer	WAS UNDERLYING DAY GDCAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Day, Yea 19 That (II) (this hospital ased alive on	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED While Not While fact et work 10 of work 11 of work 12 of work 12 of work 12 of work 13 of work 14 of work 15 of work 15 of work 16 o	ACE OF INJURY (Home, for lory, street, office bldg., el death occured at 1	m, 2Df. (City or town) c.) 19 60 to 0.1.1 T.M., from the causes a MED. STAFF DIRECTOR PHYS.	(County) (Stata) , 19.01, that (1) we) land on the date stated above 22b. DATE 1/3/6/
	OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIF 20e. TIME OF INJ Hour a.m., p.m. 21. 1 certify saw the decer 22e. SIGNATURE 22e. PHYSICIAN' NAME (Typ) 23e. BURIAL, CREMA	WAS UNDERLYING DEATH OF CAUSE OF DEATH Y MEDICAL EXAMINER) URY Month, Day, Yea 19 that (I) (this hospital ased alive on	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED While Not While fact et work et work 1 31) attended the deceased from. 19.6 and that Clynolds, M.D.	ACE OF INJURY (Home, for lory, street, office bidg., el death occured at A ATTENDING PHYS.	m, 2Df. (City or town) 19 60 to 0.111	(County) (Stata) (County) (Stata) 19.61, that (1) we) law and on the date stated above 22b. DATE SIGNE 1/3/6/
1	OR CONTRIBUTING OF CONTRIBUTION (IF EITHER, NOTIF 20e. TIME OF IN: Hour a.m. p.m. 21. I certify saw the decer 22a. SIGNATUR 22c. PHYSICIAN NAME (Typ	WAS UNDERLYING DEATH OF CAUSE OF DEATH Y MEDICAL EXAMINER) URY Month, Day, Yea 19 that (I) (this hospital ased alive on	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED While Not While fact et work et work 1 31) attended the deceased from. 19.6, and that Clynolds, M.D. Reynolds, M.D. 23c. NAME OF CEMETERY	ACE OF INJURY (Home, fer lory, street, office bidg., el lory,	m, 2Df. (City or town) 19 (C) to (0.1.1.1	(County) (Stata) (County) (Stata) and on the date stated above 22b, DATE SIGNS 1/3/6/ rick, Varyland.
	OR CONTRIBUTING OR CONTRIBUTION (IF EITHER, NOTIF 20e, TIME OF IN: Hour a.m., p.m. 21. I certify saw the decer 22a. SIGNATUR 22c. PHYSICIAN' NAME (Typ 23a. BURIAL, CREMA REMOYAL (Specif	was underlying	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED While Not While fact et work et work 1 31) attended the deceased from. 19.6., and that Reynolds, M.D.	ACE OF INJURY (Home, felory, street, office bldg., el	m, 2Df. (City or town) 19.6° to [0.] I.T. A.M. from the causes a MED. STAFF DIRECTOR PHYS. Church St. Frede	(County) (State) (County) (State) (County) (State) (County) (State) (County) (State) (County) (State)

MARYLAND STATE DEPARTMENT OF HEALTH

COLLEGE TO THE STATE OF THE STA Printer Charles Batter School Love of They be do BUCSTA TABLES W 255 , C. 125 (C. 00 L before. (etc. De la College de and the same THE WALL SOUTH THE Nor sha M. Federling the following agencie out and a contrat of

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 00589ector, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ě RURAL and give nearest town) DODSBORO d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION MOK E NAME OF 4. DATE Middle Last Month filled ages 1 OF DEATH Pages (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE Un years S. SEX B. DATE OF BIRTH lost birthday) offe DIVORCED | WHITE WIDOWED X EMALE popers. 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of warking life, even if retired) ENNISYLVANIA and DUSEBEE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici HOMAS 2 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ℸ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Cardio voscular deserse by Conditions, if ony, which gned gave rise to immediate **DUE TO** cause (a), stating the underficate has been si lying cause lost burial-transit 6 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY leunour 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) Doy, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur o. m. While Not while at wark at wark to D. 79 21. I certify that (I) (this hospital) attended the deceased from and that death accurred at M, from the causes and on the date stated above. sow the deceosed alive on OR 22a. SIGNATURE DIRECT ATTENDING MED. M.D. PHYS. 22c. PHYSICIAN'S shauld 22d. ADDRESS FUNERAL 230. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) page the Sta REMOVAL (Specify) 0 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR Orthur I. Krana 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

Manths

e. IS RESIDENCE

ON A FARM? YES NO X

19

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WELKIA

PERFORMED?

YES NO DE

22b. DATE SIGNED

10

(State)

(State)

Days

(County)

196 2, that (1) (we) last

62

ASSET MALES WAS ARRESTED OF STREET No XII - XII - XIIVE NORTHER CONCESSION CONCESSION - The state of the

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral directal PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission a. COUNTY be filed b. COUNTY MARYLAND Frederick Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Memorial Mospital Asts. Water 2 4. DATE NAME OF Middle Month DECEASED PHYSICIAN: The low requires that the death certificate be executed within 24 Mabel Elsie death. (Type or print) DEATH Barger 6. COLOR OR RACE 7. MARRIED THEYER MARRIED SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH campletely lost birthday) Months I Female DIVORCED [WIDOWED [papers. offe 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Mouse wife puo Mone Maryland pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UD ğ event, within physicia George T. Danner Flora M. Harrison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT offending Frederick, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] a PART I. DEATH WAS CAUSED BY: General 1800 IMMEDIATE CAUSE (o) Personated Peptie Ulcer by permit. remayal. Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the undercertificate has been si **burial-transit** lying couse last. ottending physician CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY cremation. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) the MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) USe a. m. While NoLwhile of work Tot work 0 p. m. 21. I certify that (I) (this hospital) attended the deceased fram... 196 2 that (I) (we) last pa . and that death occurred at 155M, from the causes and an the date stated above. saw the deceased alive an DIRECTOR: 22o. SIGNATURE ATTENDING M.D. DIRECTOR [22c. PHYSICIAN'S 22d, ADDRESS 3 should NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

TO FUNERAL D

23a. BURIAL, CREMATION.

VR A15 (4) 1SM 9/59

Meights Brunswick. Maryland ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Brunswick, Maryland DATEAN 2 6 162

Frederick

Days

(County)

e. IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

de

PERFORMED? YES NO

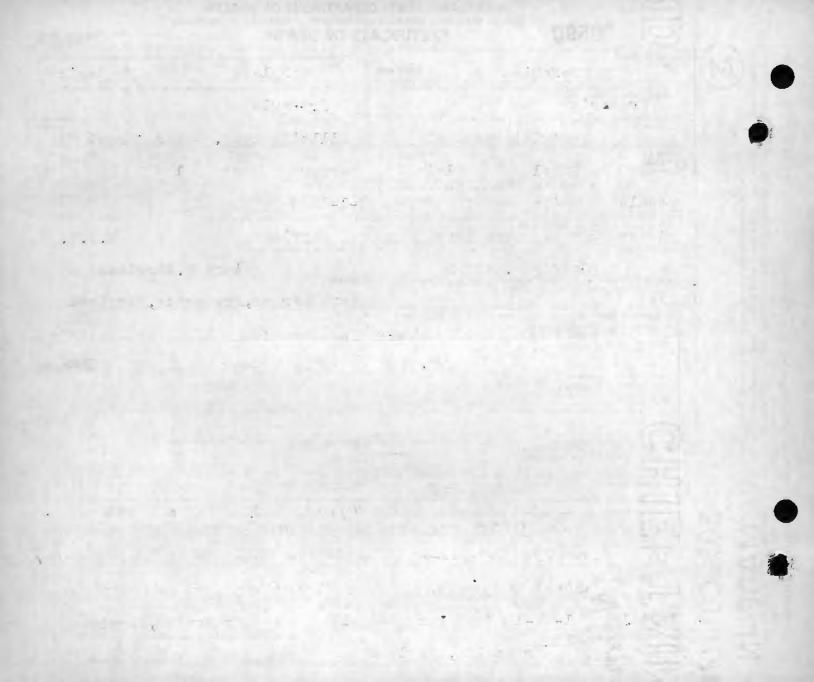
(State)

SIGNE

ON A FARM?

YES NO DE

Year

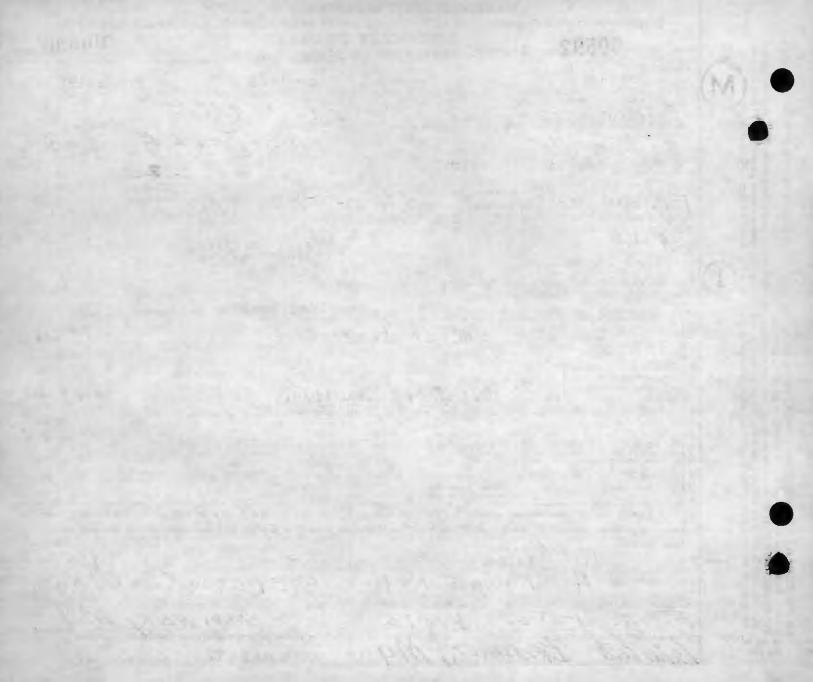


CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN/(If outside corporate limits, write RURAL and give negrest town) å RURAL and give negrest town) plan 60 d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO T NAME OF First Middle 4. DATE Lost Month Day Year OF DEATH (Type or print) 10 9. AGE (Imyears lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months: Days Hours WIDOWED I DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup carbon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (if yes, give war or dates of service) MITERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per ling, for (a), (b), and (c).] ā PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO ě. couse (o), stating the underlying couse lost. -tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD 19. WAS AUTOPSY PERFORMED? burial-YES NO 200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c, TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) O. m. While Not while of work of work 21. I certify that I attended the deceased from and that death occurred at 4 alive on M, fram the causes and an the date stated above. ABDRESS (Street, city or town, state) DATE SIGNED ACTUAL pe shavid PHYSICIÁN'S NAME (Type) 226. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stole) TO FUN REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Carling S. Thousa Barton 162 VS A1S (4) 1SM 9/55 Walkersville DATEJAN mo

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

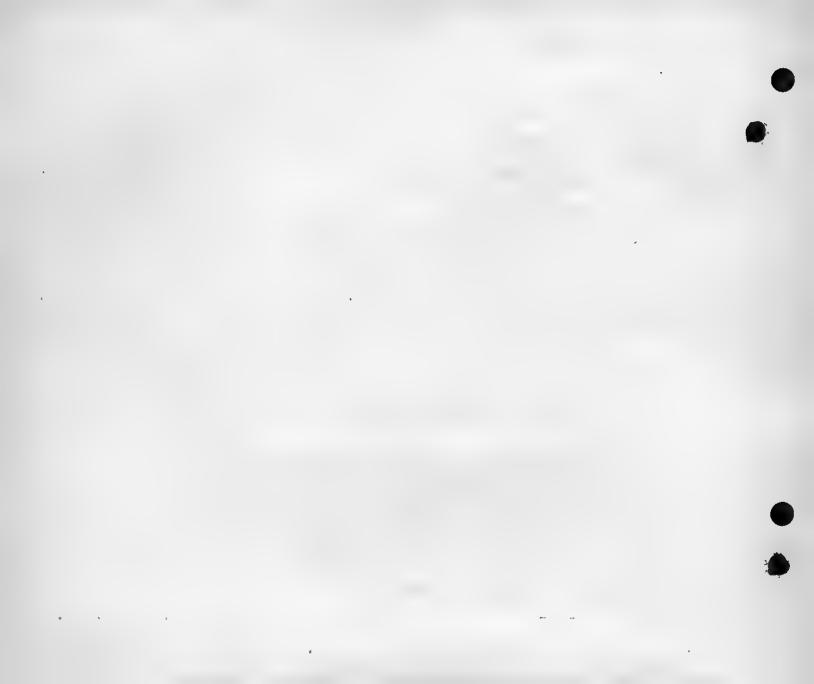
Street Street Street

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARCHARD CERTIFICATE OF DEATH COUNTY Prederick MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH a. COUNTY Prederick MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOS TO THE COUNTY Prederick MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOS TO THE COUNTY MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOS TO THE COUNTY MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOS TO THE COUNTY MARYLAND MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOS TO THE COUNTY MARYLAND MARYLAND MARYLAND MARYLAND	MISSIN sidence before admission)
ENE Frederick MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND	larikk
THE RESERVE AND TANKER OF	
b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town) 51 Years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	
MONTEVUE	o. IS RESIDENCE ON A FARM? YES NO
DECEASED Legata Beeraft OF DEATH I-22-62	Day Year
FEMALE White Widowed Divorced II-IOI8 90 That birthday) Months D	ays Hours Min.
done during most of working life, even if retired) Solution Control C	ISTA
Forry Becraft Elmira Winke	
to g of Me	
F C T S T T T T T T T T T T T T T T T T T	ONSET AND DEATH
DUE TO Conditions, if any, which (b)	
gave rise to immediate cause [a], stating the undarlying cause last. [c] Column Column	10 yre.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II OF CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CO	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Count Mile Not While Not While at work at work at work at work	ty) (State)
21. I certify that (i) (this hospital) attended the deceased from	that (I) (we) last the date stated above.
22a. SIGNATURE 22a. SIGNATURE ATTENDING MED. DIRECTOR D	Au 226 DATE
22c. PHYSICIAN'S NAME (Type) H. F. KIINE M.D. 22d. ADDRESS NAME (Type) H. F. KIINE M.D. 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or country) 23d. LOCATION (City, town or country)	MD.
000 0 SANDY HOOK,	Ma (State)
VR A15 (4) 15M 9/60 24 FUNDRAL DIRECTOR'S SIGNATURE DRVKSWICK, M. DATE JAN 2 6 '62 Question 8	



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 00593 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY MARYLAND Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) rredurick d. STREET ADDRESS ON A FARM? YES NO Chronic .드 6 4. DATE NAME OF Last Month Filled DEATH (Type or print) 1962 mae 10 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months DIVORCED | WIDOWED 2 Dec. 10 Femal 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home Maryland U.S. 17 Heusen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ Emma S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No Mrs. Howard Damuth Frederick. Md.RD6 None 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH voin cardio Vasaulan diseaso PART I. DEATH WAS CAUSED BY 187. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunly) (Stote) foctory, street, office bldg., etc.) Haur o.m. While Not while at work of work 21. I certify that (1) (this hospital) attended the deceased fram. [1994] .. 1964, that (I) (we) last 19.6. I and that death accurred at APM, from the causes and an the date stated above saw the deceased alive an 22a. SIGNATURE SIGNED ATTENDING PHYS. MED. M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) page 3 the Stat 23b. DATE THEREOF 23a BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY Utica. Md. Fr Cemetery Utica Com 25b REGISTRAR'S SIGNATURE 250, REC'D BY REGISTRAR Thurmont, Md nate JAN 1 2 '62 Living & France 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	00594 CERTIFICATE OF DEATH Reg. Dist. No. (11)53
No.	PRACE OF DEATH o. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY Frederick
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Walkersville C. LENGTH OF STAY IN 1b Route 3— Frederick
X	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Main Street e. IS RESIDENCE ON A FARM? YES NOT
	3. NAME OF DECEASED First Middle Lost 4. DATE Month Doy Year OF Languages 27 4.
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days House Min.
j	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT (12 CITIZEN OF WHAT COUNT (13 CITIZEN OF WHAT COUNT (14 CITIZEN OF WHAT COUNT (15 CITIZEN OF WHAT
	Housewife Own Home New Jersey U.S.A. 13. FATHER'S NAME Edward Holmes— (deceased) Sarah Fallon—(living)
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 16. SOCIAL SECURITY NO. 17. INFORMANT NO NO Address Address Address NO Address Address Address NO NO NO Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: HAMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), sloting the under-lying cause lost. (c) [b] DUE TO (c)
a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO E 20s. ACCIDENT WAS LINDERLYING OR CONTRIBUTING OF CONTRIBUTION OF CONTRIB
	U (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. js. While Not while of work of work of work of work of work of work of work.
	21. I certify that last saw the deceased from 19.52, to 17. Item 19.2 that I last saw the deceased live on 20.450 M, from the causes and on the date stated about ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. Walker sville—Maryland
	PHYSICIAN'S NAME (Typo) James E. Stoner-Jr. Willensell 127,2
	22c. BURIAL, CREMATION, Part THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stole) St. Marys Catholic Cem. Rahway - New Jersey
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dailey's F. Home Frederick - Md. by Whitmore DATEAN 3 0 '62 ADDRESS DATEAN 3 0 '62 Coding & France



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURA), and give nearest town) write RURAL end give neerest town) Frederick vrs. Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite,, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 8 Lincoln Apts. Lincoln Apts YES NO Y 3. NAME OF 4. DATE Middle DECEASED OF DEATH (Type or print) Lois Hazel Bowie Jan. an and con re carbon vent withir 6 COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX R. DATE OF BIRTH last birthday) Months | Days Hours WIDOWED -DIVORCED Sept. 10a. USUAL OCCUPATION (Give kind of work I 10b. KIND OF BUSINESS OF INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11 BIRTHP, ACE (County & State, or fore an country) done during most of working life, even if retired) Domestic 9898989898989898 Frederick Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bell Phil Liason Mary Peach Address Frederick, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkawn) (Ifyes give war or dates of service) 8 Lincoln No Charles D. Bowie Jr. None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] ONSET AND DEATH scular himorhage IMMEDIATE CAUSE (+) DUE TO Arbor sclavos Conditions, if env. geva rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part I. of item 18.) 20e, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, , 20f (City or town) [County] (State) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg , etc.) Not While MEDI Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from..... 19.6.3., and that death occured at I.P.M., from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a. SIGNATURE **ATTENDING** Jan. 6, PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Frederick-Md. Shopping Center L. Michels 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMOVAL (Specify) New Market, Md. Simpsons 0.48 Buria 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 Frederick. Md. C.E. Hicks 111 _'62 Wilma & Thurs

that the death certificate

use

DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) e. COUNTY b. COUNTY Frederick Marvland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give necrest town) Frederick Hours Adamstewn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Frederick Memorial Hospital YES NO X 3. NAME OF 4. DATE Midd e Morth Day DECEASED OF BESSIE MANZELLA BOWINGS 10, 1962 (Typa or print) DEATH January withi 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Apr 1886 Female WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House-work At Home Park Mills. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annia Nichels James P. Perrell 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT 2913 Nichols Ave. SE. (Yes, no, or unkown) (Ifyesgiva weror detes of service) Mrs. Mildred B. Kauffman, Washington 20, D. C. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), egd (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, farm, 20f. (City or town) (County) (State) factory, streat, office bldg , etc.) Hour e.m. While Not While at work at work 19.6.2 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from...... .196 . - and that death occurred at 45 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING. 11 Jan 1962 GNED DIRECTOR PHYS. M.D 22d, ADDRESS 22c. PHYSICIAN ames B. Thomas, M. D. FUNER N. Market St., Frederick, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 236. BURIAL, PREMATION, | 236. DATE THEREOF ij REMOVAL (Specify) Frederick, Maryland Mount Olivet Cemetery 及等の 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE M. R. Etchison & Sen VR A15 (4) 15 9/60 DATEJAN 1 6 '62



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'vad, If 'institution; Residence before edmission) e. COUNTY b. COUNTY aryland Frederick Frederick MARYLAND b CITY OR TOWN [f outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Knoxville Knexville Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va straat address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Mountain rRoad Mountain Read YES NO 3. NAME OF Middle 4. DATE Month Day DECEASED OF Formis (Type or print) DEATH Brawnar 1962 6 COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) | Months | Days Hours Male WIDOWED FAR DIVORCED 10a. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life even if refired) B.&.O.Engineer Illinois U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William E.Brawner Ball 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, noner unkown) | (If yas give werordetes of sarvice) Mr. Jack D. Frawner. Brunswick. Md. 18. CAUSE OF DEATH [Enter only one cause per line for [a], (b), and (c)., INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY T. 30mioSIS IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0): 19, WAS AUTOPSY CERTIFICAMON PERFORMED? NO JE 200. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of n ury in Part I or Part I of Itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20th TIME OF INJURY Month, Day, Yeer 1 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) fectory, street, office bldg., etc.) While Not While Hour a.m. al work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 2 Inquiry 37% and in my opinion Natural causes Accident death resulted from. Suicide Homicide. Undetermined manner should be forwards

TUNERAL DIREC CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ESES DEPUTA EXAMINER'S B.O. Thomas NAME [Type] Address (Streat, city, town, or county) Frederick 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 228, BURIAL, CREMATION. REMOVAL (Specify) Park ei 'ta runswick. arvland g40 24a. REC'D BY REGISTRAR (24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME grunswick. Maryland arthur & House 5M 7/59 DAMEN 1 0 '62

RYLAND STATE DEPARTMENT OF HEALTH



1	1222-52 MARYLAND STATE DEPARTMENT OF HEALTH	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	ND
FOR STATE	60598 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	98
HEALTH ADERY.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesad lived, if institution; Residence baf	ora admission
Sag Sag	* COUNTY Frederick Maryland Maryland Frederick	
is nec	b, CITY OR TOWN (if outside corporate limits LENGTH OF STAY IN 1h CITY OR TOWN (if outside corporate limits with PLIRAL and ruve nearest	t town)
E & ()	write RURAL end give nearest town) Mt Airy 4 months Mt Airy	
si 'p		IS RESIDENCE
1 X		ON A FARM?
the fun retain re State death	3. NAME OF Frst Middle Last 4 DATE Month Day	Yaar
The start of the s	DECEASED (Type or print) Michel Wayne Brown DEATH January 3	1964
d 3 to d 3 to ay be with t	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (IN yours IF UNDER 1 YEAR, IF UN	NDER 24 HRS.
de and ma)	Male White WIDOWED DIVORCED September 8, 1961 lest birthday) April Days Hou	rs Min.
2,2 2,6 nd nd	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDIFSTRY 11. BIRTHPLACE (State or foreign country)	AT COUNTRY?
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	done during most of working lifa, avan if ratified) None U.S.A.	
24 hour M3- Pages pages within	13. FATHER'S NAME	
Give 24	Preston Wayne Brown Martha J. Hammitt	
S E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMENT	
d w if if i	(Yas, nN8 unkown) (Hyesgivawerordatesofservice) None Preston Wayne Brown, Mt Airy, Md.	
The secure	18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).]	L BETWEEN ND DEATH
exection in a stong stransit and in	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffication	NO DEATH
be se	124. O DUE TO	
in p in p juri Duri buri	Conditions, if any, which (b)	
s a l	gava rise to immadiata ceusa (e), stating the undarlying DUE TO	
icate andin niner od as	causa last. (c)	750774 3
Exar Exar fron	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WA	AS AUTOPSY ERFORMED?
his ce word ical E d be emat	YESK	
le v ledis	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAR PE (YEST) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY FOR OF CONTRIBUTING No injury Face buried in edge on mattress	
S St N		
Chichie	Zoc. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) Whifa Not While Might be the property of the bldg., etc.] Whifa Not While Might be the property of the bldg., etc.]	(Stata)
X ST NO / C	p.m. 19 The Home He had	Md.
2 0 g		y opinion
Goded ded	death resulted from. Natural causes, Accident	
EDIC. a the certil forwarded L DIRECT sted agent,	CHIEF MEDICAL EXAMINER	
To To at a state of the state o	signature	SIGNED
execuse III	EXAMINER'S B O Thomas M D	
DEPUT EDIC sase exercis the ce should be forward FUNERAL DIRE its designated age		(State)
	REMOVAL (Specify)	,,
5 g 4 5 p	Burial Jan. 5, 1962 Pine Grove Mt. Airy, Md. 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	
VS. A15ME 5M 7/59	Olin L. Molesworth Damascus, Md. DATE Jan. 8 '62 Arthur S. Krau	5
DW 1/22	1 DATE	
	2069182102	

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may be reported. Say the final or attending physician. 2 FUNERAL STACTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages Land hould be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after defaith. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dec ATTEN may be reta TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1	10590		CERTIF	ICATE	OF DE	ATH			- (1059	7
PLACE OF DEATH o. COUNTY	Frederick		MARYL	AND 2	USUAL RESIDER	ryla:	ere deceased live	d. If institution b. COUNTY		before admis	isian)
RURAL and give nearest town)			c LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL a				JRAL and give	and give nearest town)	
d. NAME OF HOS	SPITAL (If not in hospital, on Mt Fleesan		address)		d. STREET ADD	RES\$				ON	SIDENCE A FARM?
3 NAME OF DECEASED (Type or print)	JOHN	rst	Middle EDWARD)	BURRI	er	4. DATE OF DEATH	Jan,		Day 18th	9 19
S. SEX	6 COLOR OR RACE	7. MARRI	ED MEVER MARRIEI DIVORCED		et,2*	1876	9. A	GE (in years burthday) yrs	Months Do	FAR IF UND	T
10a. USUAL OCCUPA during most of w	ATION (Give kind of work varking life, even if retired	done 10b. I	Own farm	INDUSTRY		E (Stote o		r)		NOF WHAT	COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MA	AIDEN N	AME				
JO	MAN W.BURRIE	R			MARY C.	BRU	CHEY				
15. WAS DECEASED ((Yes, no, or unknown) NO	EVER IN U. S. ARMED FOI (If yes, give wor or dates of		SOCIAL SECURITY NO.	17, INFOR	MANT John I	E.Bui	rrier	Addre P	u Leasan	t MD.	
	ng the <u>under</u>		e for (a), (b), and (c) I	rul	ial.	2	fare	J. J. dence		INTERVAL BI	
CATIC	OTHER SIGNIFICANT CON		ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO TH	ie Termii	NAL DISEASE CO	NDITION GIVE	EN IN PART 1		ORMED?
	WAS UNDERLYING DING CAUSE OF DEATH (FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (E	nter nature of ir	njury in P	art I ar Part II of	item 18.)			
ZOC TIME OF IN.	10	or 20d IN While of wark	Nat while	20e. PLACE factory	OF INJURY (Hor , street, office bl	me, farm, ldg., etc.)	20f. (City or to	own)	(Cou	nty)	(Stote
saw the dece	that (I) (this haspita eased alive an		- / -	0	h accurred o	47.0	M, from the	causes and			
22a SIGNATURE	13071	on	una-	M.D			D ST	AFF IYS		22	2b. DATE SIGNED
22c PHYSICIAN' NAME (Type		Th	omas	Kil	22d ADDRESS	20	lern	a, m	ed_		
23a BURIAL, CREMA REMOVAL ISPEC LUTIAL	(Fy) - 1 11-	OF .	23c NAME OF CEME		EMATORY		23d. LOCATION Rural L			KD (Sta	ite)
24 FUNERAL DIRECT	or's signature	. 7	ADDRESS Valkersvill	•	370		by registrar 2 3 '62		TRAR'S SIGN		



00598 **CERTIFICATE OF DEATH** 0.0800PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) p. COUNTY Prederick **b** COUNTY MARYLAND Marvland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give negrest lown 2 days Frederick rural d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? rederick Memorial Hospital Hansonville YES NO TH NAME OF Middle 4. DATE Month Day Yeor (Type or print) DEATH 1967 S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED last birthday) Days Months Haurs male white Feb. 20. WIDOWED [7] DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during gost of working life, even if retired) Farm work Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Click Humerick Annie 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, or unknown) 212-21:-5306 Mrs. Grace &lick Frederick, Md. RD3 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY KONCHO PNELL MONIA dAL IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which METASTATIC TUMOR gave rise to immediate DUE TO couse (a), stating the under-ARCINOMA OF LEFT TONSILLAR AREA lying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 PERFORMED? AL NUTRITION YES NO II 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, affice bldg, etc. Haur a.m. While Nat while at wark at wark p. m. 1962 to JAN 6 1962 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from IRN 1962, and that death accurred at 10 FM, from the causes and an the date stated above saw-the deceased alive an TAN 6 220 S CNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR M.D. PHYS. 22c PHYSICIAN'S NAME (Type) 22d. ADDRESS John H. Teske W. Patrick St. Frederick, Md. 230 SURIAL, CREMATION, 236 DATE THEREOF 1-9-62 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) Lewistown Cemetery Lewistown, Md. Fred. Co. 24-FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 250 REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE Thurmont. Md. 1 L. Maries 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If institution: Residence before admission) e. COUNTY **b.** COUNTY Prederick -derick MARYLAND CITY OR TOWN (flouiside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown) write RURAL and give nearest lown) hour d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 407 Magnolia Ave. Frederick Lemorial hospital YES NO F 3. NAME OF 4. DATE Month Yeer DECEASED OF Coblentz Hartin (Type or print) Albert DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days WIDOWED [DIVORCED [10a. USJAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) nsurance compar insurance a pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Brandenburg Martin Calvin Coblentz 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give were redetes of service), Mrs. Lattie Coblentz, Frede ick, Md. 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part i or Part ii of Itam 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. wing woond way on ally was drunk 20d. INJURY OCCURRED 20e. PLA GOF INJURY (Horie, farm, 20f. (City or fown) While Not While Sectory, street, office blog., etc.) 20c. TIME OF INJURY Month, Day, Year at work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. ed to Inspection V. Inquiry 1 and in my opinion lease execute the certific should be forwarded to FUNERAL DIRECTORY its designated agent, it Natural causes X. Suicide Undetermined manner death resulted from: Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO EXAMINER'S NAME (Type) B. O. Thomas, Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, 22b. DATE THEREOF (Stote) REMOVAL (Spacify) <u>0</u>40 g Reformed Cemetery Hid dletovm. ກນານໂລໄ 24n. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Company, Mid letown, Md. arthur & Fisher DATIAN 3 0 '62 5M 7/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00602 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY Frederick a. STATE Maryland b, COUNTY Prederick MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) Rural) Kurxville Rural)Kiaxvilla within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO. Petersville Poteraville 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) DEATH 19 H Shake Ju Wesley Camer and cor 5. SEX 6. COLOR OR RACE 7. MARRIED FUNEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED Mala 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Mail carrior U.S.Gov. U.S.A. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Rachael Goods Emory F. Comer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wer or detes of service) requires that Yes. World War Charles K. Comer, runswick, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEAD PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (6) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20e, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 Month, Day, Year 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. at work et work 21. I certify that (i) (this hospital) attended the deceased from... saw the deceased alive on.... ...19 and that death occured alam, from the causes and on the date stated above. 220. SIGNATURE ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S J.G.F. Saith Brunswick, Maryland 23c. NAME OF CEMETERY OR CREMATORY 238, BURIAL, CREMATION, 236, DATE THEREOF 23d. LOCATION (City, town or county) (Stete) P. g. g REMOVAL (Specify) Parl Brunswick, Maryland Buria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE Cithur S. Hours JAN 3 0 '62 15M 7/61 DATE

EYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. L PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY Frederick Marvland Frederick MERVLEND b. City OR TOWN (if outs de corporete I mits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Write RURAL and give neerest town) Since 1-1-62 Frederick-Rural RD#6 Frederick d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Frederick Memorial Hospital Meadow Road YES NO 🔀 State retaine 3. NAME OF Middle 4. DATE Month DECEASED (Type or post) MARY LOUISA GROWWELL. DEATH 19 62 January 2 with a 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED SEX 8. DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. 81 birthdey) Months Deys Hours 17 Jan 1880 Female Weite WIDOWED X DIVORCED T 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired)
House-work At Home Ijamsville. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Milton Baker Mary Margaret Covell IS. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown), (If yes give we ror detes of service) along with fransit permi John W. Cromwell (Same as item #2) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN Days PART I. DEATH WAS CAUSED BY, Cerebral Hemorrhage MMEDIATE CAUSE (e) DUE TO Conditions, if env. which (6) geve rise to immediate cause DUE TO (a), stating the underlying cause lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Fracture of Left Him 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. Fell at residence Chief buri 2Dd. INJURY OCCURRED 200. PLACE OF INJURY (Home, ferm, 20f. (City or town) the Trage 20c. TIME OF INJURY (County) (Stete) While Not While et work K Jactory, street, office bldg., etc.) 9 É Hour XXXX RD#6 Frederick-Frederick-Md. ed to the 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection X. Inquiry 3 and in my opinion Accident x. death resulted from. Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** 11 Jan 1962 B. O. Thomas, M. D. NAME (Type) Address (Street, city, town, or county) 228, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOYAL (Specify) Mt. Carmel Cemetery Frederick County Maryland Burial 240 p 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE M. R. Elchison & Son. Frederick, Maryland VS. A15ME A JAN 15'62 arthur & Hearts 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DE 2. USUAL RESIDENCE (Where deceased lived, If Institution, Rasidence before admission) a. COUNTY b. COUNTY, Frederick Frederick MARYLAND b. CITY OR TOWN (if outside corporate fimits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY N 16 by Rural Middletown a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? YES NO TO 9 3. NAME OF 4. DATE Middle DECEASED OF Crone (Type or print) Russel DEATH 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED last birthday) Months Hours mal I WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) constructi n Darv and 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Then please May V. Stone Robert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewarerdatesofservice) Russel Crone, Middletown, Md. Hrs. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET-AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT COND BIONS WAS AUTOPSY PERFORMED? NO Z 20a. ACC DENT WAS UNDERLYING [] 20b. OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Iarm, 20f (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. al work at work 21. 1 certify that (1) (this hospital) attended the deceased from.... saw the deceased alive on ... 22b, DATE 22a. SIGNATURE SIGNED MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSIC AN'S NAME (Type 23a. BURIAL, CREMATION, , 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) 0.5 % buria Reformed Cometery 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) fletown, 15M 9/60 DATE



DATEJAN 8

Certify S. Thank

VR A1S (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where dacaesed lived, if institution; Rasidanca before edmission) e. COUNTY a. STATE b. COUNTY Frederick MARYLAND Frederick Marvland b. CITY OR TOWN (if outs da corporata I mils, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete limits, write RURAL and give nearast town) write RURAL and give nearest town) 2 years indabona Conv.& Rest Home Jefferson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) d STREET ADDRESS a. IS RES DENCE ON A FARM? Jefferson, Maryland. YES NO K Braddock Heights . Maryland. 3. NAME OF Middle 4. DATE Year Month DECEASED (Type or print) Lillia May Fawley DEATH IA NUARY 19 6 2 6. COLOR OR RACE 7. MARRIED NEVER MARR ED AGE (In years IF UNDER 1 YEAR B DATE OF BRTH IF UNDER 24 HRS. last birthday) DIVORCED [Female WIDOWED T May 11.1873 10a. USUAL OCCUPATION [Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stata, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired Housewife U.S.A. 13. FATHER'S NAME Then please 14. MOTHER'S MAIDEN NAME Ida Bowers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (If yas give war or dates of service) Mrs. Charles E. Stunkle, Point of Rocks, Maryland. No 1B. CAUSE OF DEATH [Enter only one cause per [see for (a), (b), and (c).] oral humrekege PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caranced Generalized articos clussos/0 DUE TO Conditions, if any which gave rise to immediate ceuse DUE TO (e), stating the underlying ceusa last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, D SEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NJURY OCCURED, (Enter natura of in ury in Part or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. NJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (Stata) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., atc.) Not While Hour a.m. While et work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from..., 196.2 that (I) (we) last saw the deceased alive on........ 22b. DATE 22a, SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Jefferson, Maryland. A.Talbort Brice.M.D. 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify) Jeffersen. Lutheram Cemetery 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur & 15M 9/60 M.R.Etchisen & Sen, Frederick, Maryland DATE

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death

MARYLAND STATE DEPARTMENT OF HEALTH



	Items 19521 Film 307 MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	00607 MEDICAL EXAMENER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before adoptission)
Page les.	•. COUNTY FREDERICK MARYLAND VIRGINIA •. COUNTY
	b. CITY OR TOWN (I outside corporate simits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
rector.	write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS 1 o. IS RES DENCE
delay le Boar	FREDERICK MEMORIAL HOSPITAL 1330 RICHMOND ROAD YES NO C
, 5 c a =	3. NAME OF First Middle Last 4. DATE Month Day Year
If any the fu retai he Sti r dea	DECEASED (Type or print) BETTY JO FEATHER OF DEATH 1 28 19 62
ath. Batter	5. SEX 16. COLOR OR RACE T MADDIED TO B. DATE OF BIRTH 19. AGE 'In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and 3 and 3 2 with ours a	Months Days Hours Min.
1) F G 5 F	JIOS, USUAL OCCUPATION IGIVE KIND OF BUSINESS OR INDUSTRY ! 11, BIRTHPLACE (State or foreign c 112, CITIZEN OF WHAT COUNTRY?
rrs after 1,2,7 and 7,2 ho	done during most of working life, even if relired)
24 hou e Page M3. P pages within	Steno - Typist Bakerton West Virginia U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
11 50	Thomas E. Cox Eve V. Crim
/iffin 8. Giv form 7. Fire event	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
	(Yes, no, or unkown) (Myesgivewerordetesofservice) No Mrs. E. V. Cox-Kearneysville, West, Virginia
uted v ltem 1 with perm	IB. CAUSE OF DEATH (Enter only one cause par lina for (a), (b), and (c).]
execuil in I	PART I. DEATH WAS CAUSED BY, MMEDIATE CAUSE (a) Gunshot wound of heart
be exemple alor le alor letrans	981X DUE TO
ould ould Office Office buria	Condillons, if any, which (b)
_C 4	geve rise to immadiate cause
diridiridiridiridiridiridiridiridiridir	(a), stetling the undarlying causa last.
riffica "pen xamir used ion, c	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19. WAS AUTOPSY PERFORMED?
P P P P P P P P P P P P P P P P P P P	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, e) 19. WAS AUTOPSY PERFORMED? YES 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 1B.) PRIMARY OTHER TRANSPORT OF DEATH.
: That we we we will be we lould be created as the	20e, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Part II of Item 18.)
10年2年20日	PRIMARY O OF CONTRIBUTING CAUSE OF DEATH. 18 Shot by husband
Writing Vriting Chief Sge 3 to buri	[5] 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Wr. wr. Page C to to	Hour e.m. 1-28 19 62 at work X Unknown Unknown
catin O R: prio	21. I certify that I took charge of the remains described above, held an Autopsy (X). Inspection , Inquiry , and in my opinion
	death resulted from. Natural causes . Accident . Suicide . Homicide X. Undetermined manner
DICA s certificanded arded RECT agent,	CHIEF MEDICAL EXAMINER
Di the convari	ACTUAL DATE SIGNED KXINXIN ASSECTIATES TO DATE SIGNED
2 0 0 M E	DEPUTY MEDICAL EXAMINER 1-29-62
	NAME (Typa) PETER W. RIECKERT, M.D. Address (Streat, city, town, or county)
PEPUT Should I FUNEI I is desti	226. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stata)
5 g 4 5 g	Removal 2-1-62 Rosedale, Cometery Martinsburg, West Virginia
VS. AISME	23. FUNERAL DIRECTOR ADDRESS 240. REGISTRAR'S SIGNATURE
5M 9/60	MM 9. Suckner & Sone Buth 19 Med. DAIJAN 31 '62 Chilling & Krome



DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss on) a. COUNTY Prodorick a. STATE Maryland b. COUNTY Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) within 24 Life orunswick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3 Haet completely executed 3. NAME OF Middle DATE Year Month DECEASED OF (Type or print) Oscar Putlmane Manok DEATH 1962 and col withi 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. last birthday) Months Days Hours hale WIDOWED [DIVORCED death certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Rotired car repairman U.S.A. . Sa. O. R. R. C. Φ Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Alexander 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Hyes give war or dates of service) No Mrs Ernio Flook, Brunswick, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1 01 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO YES 2De ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) defached MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Month, Day, Year 2Df. (City or fown) (County) (State) factory, street, office bldg., etc.) Hour a.m. Whi a Not While et work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on.. 22e. SIGNATURE 226., DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D page with t 22d. ADDRESS 22c. PHYSICIAN'S death. Pag HOSPIT NAME (Type) DATE THEREOF 23a, BURIAL, CREMATION, 23ь CEMETERY OR CREMATORY REMOVAL (Specify) 효량 5 E Brunsw iarvland 2-1 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Brunswick, Maryland 15M 7 61 FEB 6 .. itury 8. Thomas DATE

DITMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where dareased lived, If institution: Rasidance before admission) a. COUNTY a. STATE 5. COUNTY Frederick MARYLAND Maryland Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (f outs de corporata limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town] Rural - Myersville Rural vears -_Myersville d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? YES X NO Route 3. NAME OF Midd e DECEASED CHARLES (Typa or print) DEATH January 1962 9. AGE (In years | IF UNDER I YEAR 6 COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days Hours male white WIDOWED -DIVORCED | January 78 YES. TDa. USUAL OCCUPATION (G va kind of work I 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratired) own general farm farmer Frederick Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Phillip Gaver Elizabeth Hooper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) , (Ifyas giva war or dates of service) Mrs. Katie Gaver, Myersville. no none 18. CRUSE OF DEATH [Entar only one cause for line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave risa lo immadiate cause DUE TO (a), stating the underlying RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY CATION PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Ilam 18.) 2Da. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) (Stala) Month, Day, Year factory, straat, office bldg., atc.) While Not Whila Hour a.m. at work at work p.m. (24, 2.2, 190 Zihat (I) (we) last 196.2 10.... 21. I certify that (I) (this hopital) attended the deceased from 19 saw the deceased alive on. 225. DATE 22a SIGNATURE ATTENDING STAFF **SIGNED** PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYS.CIAN'S NAME (Typa) J.Elmer Harp Middletown 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stata) REMOVAL (Spacify) Pauls Lutheran Myersville, Md.
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Jan.25.1962 St. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE JAN 2 5 '62 Cathan S. Thrus

MARYLAND STATE DEPARTMENT OF HEALTH

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death.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 11: Film 6305 usual Assidence (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH **b. COUNTY** b. COUNTY Maryland Frederick Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frederick years Frederick e. IS RESIDENCE d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 615 Taney Avenue YES NO X Tanev Avenue 3. NAME OF First DATE M ddle DECEASED Gentilman (Type or print) Theresa January AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7, MARRIED T NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours Female WIDOWED I DIVORCED [Sept. 17. 1876 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, aven if retired) Homemaker U.S.A. None Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grace Germano ממעם מכא מעמ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO Address (Yes no, or unkown) (If yes give war or dates of service) None Mrs. Charles Zajicek 615 Taney Ave. Fred. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH generally arteris solevois PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediate cause **DUE TO** (a), stating the underlying PART II, OTHER SIGNIF, CANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 206. ACCIDENT WAS UNDERLYING 1 1 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of tem 18) OR CONTRIBUTING F1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED, 20e, PLACE OF INJURY [Home, farm, 20f. (City or lown] (County) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) While Not While at work Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from the form 19.6(, to Jan 2, 1967 that (I) (we) last 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Dr. Thomas E. Stone 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) REMOVAL (Specify) O ÷ 2 Kane. Pennsylvania Calvary Cemetery Burial 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) Frederick, Maryland DATE JAN 3 '62 arthur & Thank 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



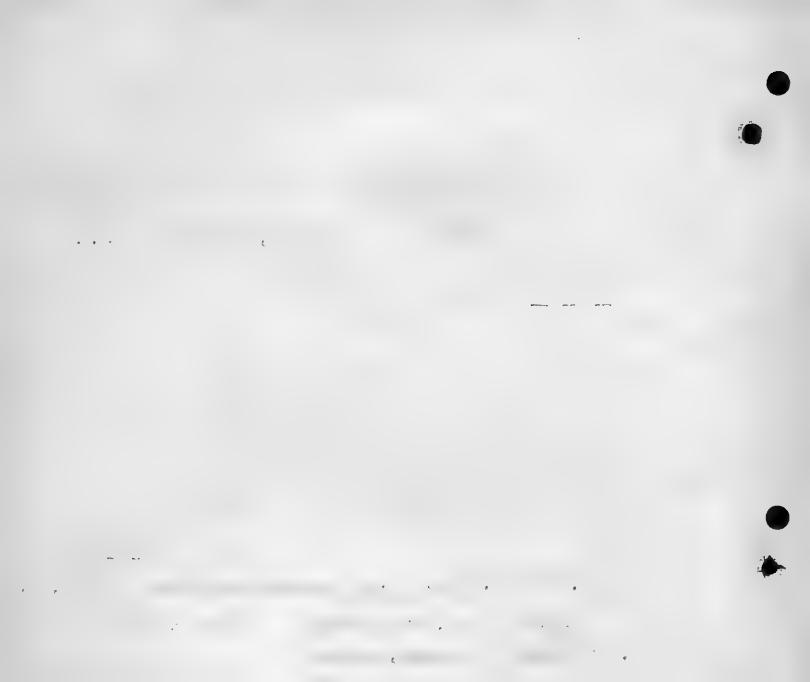
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) a. COUNTY Prodorick b. COUNTY a. STATE Marwland Frederick MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b CITY OR TOWN (if outside corporate limits, ۾ write RURAL end give nearest town! within 24 Brunswick Lifa Brunswick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO East 615 East completely executed NAME OF First Middle DATE Month DECEASED OF . (Type or print) DEATH Charles Henry Giles and col 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years , IF UNDER 1 YEAR last birthday] Months Deys Hours Min. Male WIDOWED JAL DIVORCED VIS. certificate physician 10a USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Retire Laborer B.&. 0?R.R.C. U.S.A. Maryland 13. FATHER'S NAME death J.M.Giles Mollie Nightongalo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, po, or unkown) (Hyesgive weror dates of service) Mangun, Washin ton, D.C. Mrs.Lucille 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO [e], stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION as PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 2De PLACE OF INJURY (Home, farm 20f. [City or town] (County) (Steta) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED tectory, street, office bldg., etc.] While Not While Hour e.m. at work at work 21. I certify that (1) (this hospital) attended the deceased from, ta.... , and that death occured at A.M. from the causes and on the date stated above saw the deceased blive of 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Brunswick. Paryland 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (Stele) 0:53 REMOVAL (Specify) Mountain Knoxville Maryland ປາກຕຳລິ FUNERAL O RECTOR'S SIGNATURE 25. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Chillan S. Thais DATE AN 2 6 '62 1SM 7 61 runswick. Taryland



			of STATISTICAL	MARYLAND STATE DEI RESEARCH AND RECORDS, CERTIFICATE	301 W. PRESTO	N STREET,	_	RE 1, MAR	YLAND	\$ ()
			天613	CERTIFICATE					HHD)	LU_
)	4		Frederick	TATALL DAMAN	e. STATE Maj	cr (where dec	b. COUN	Υ	ederi	
		Thurmon	outsida corporete limits, give nearast town) Tural	a. LENGTH OF STAY IN 16	c. CITY OR TOWN (ele limits, writa	RURAL and giv	a neerest to	wn)
1		I. NAME OF HOSPIT	AL OR INSTITUTION (if	not in hospitel, give street eddress)	d. STREET ADDRESS	RD 2			ON	RESIDENCE A FARM?
ŀ		NAME OF DECEASED	Finit	Middle	Last	4. DATE	Month	Do	, –	
		(Type or print)	Jacob	Ira Gre	en	DEATH		ary l'		
		male	white	7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	7-17-1880	9.	AGE (In yeers last birthdey)	Months Days		R 24 HRS.
	dor	USUAL OCCUPATION OF WORLD	ON (Give kind of work king life, even if refired)	Own Farm	Mar	yland	oreign country)	12. CITIZEN	OF WHAT	COUNTRY
I	13.	FATHER'S NAME	Jacob	Green	14. MOTHER'S MAIDEN		2.00			
-,	15.	WAS DECEASED EVE		ES? 1 16. SOCIAL SECURITY NO. 17, 11	Isabell	re CDI	Address	r		
I	(Yes	, no. To Unkown) (If	yes give wer or deles of ser	vica)	s. Olive G	naan	Thurn	ont 1	Id. R	TIT
		PART DEATH	EATH [Enfor only on a cli WAS CAUSED BY: MMEDIATE CAUSE (e)	Least disease - a	rterios claro			11	NTERVAL BE	DEATH
		Conditions, if eny	, which (b)					-		
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l	CERTIFICATION	20a ACCIDENT WA	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DESCRIBE HOW INJURY OCCURED.	(Enter netura of injury in	Past I or Pert It o	of item 18.)		YES	№ [
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				al) attended the deceased from.	death occured at		the causes a			
		220, SIGNATURE	amesto	Fray M.	V. 13	MED. DIRECTOR	STAFF PHYS.	Janes	9-19	b. DATE SIGNE
		22c PHYSICIAN'S NAME Type	James K	Gray		mont,		\cup		
	23=	. BURIAL, CREMATI REMOVAL (Specify) OUPIAL	1-20-62				TION (City, tow		Fred	State)
			1 1-50-05	i mos morrani		C'D BY REGISTR				



1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
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shou	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, a. STAYE Dry. b. COUNTY b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and	d grve nearest town,
	Write RURAL and give nearest town. IN TRECERCICA-	
	d. NAME OF HOSPITAL OR INSTITUTION (if got in hospital), give straat address) d. STREET ADDRESS d. STREET ADDRESS	8. IS RESIDENCE ON A FARM?
ertely pers 2 ho	3. NAME OF First Middle Last #4. DATE / Month	Day Year
mpk ompk	Type or print SURAN EDWARD FUNKDEATH DATE AREA	2/ 1962
arbon with	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9 AGE (In years If UNDER 1 last birthday) Months	YEAR IF UNDER 24 HRS.
cian a	108 USUAL OCCUPATION Give kind of work 10h KIND OF RIGINESS OF INDUSTRY 11 BIRTUPI ACE (Course & Sixter of Green and 10h KIND OF RIGINESS OF INDUSTRY 11 BIRTUPI ACE (Course & Sixter of Green and 10h KIND OF RIGINESS OF INDUSTRY) 112 CITY	Z
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e athe The oval,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Hyesgive-war or detes of service) NO	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
	IMMEDIATE CAUSE (a) Suldend Landown	2 days
a sign	/ 6 O DUE TO	·
he la rendi beer urial- crei	Conditions, if any, which (b) gave rise to immediate cause	· -
or aft or aft the burial	cause last (c)	
First 1	PART IL OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
r use	20a. ACCIDENT WAS UNDERLYING [. 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I of Part II of Idem 18.)	AE2 X NO
this alth	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Affer of He	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (Cou Hour a.m., While Not While at work at work	nty) (Stale)
e pt.	21. I certify that (I) (this hospital) attended the deceased from January 1965, to June 2/, 196	(7- 4-1 (1) () last
다음 다음 다음	saw the deceased alive on	
S Shows	22a S GNATURE ATTENDING MED. STAFF	22b. DATE S.GNED
in age	22c PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS	2-1962
HOSPI ath. Pa FUNE: Betor, p filed w	NAME (Type) Dr. Charles E. Wright M.D. Frederick Medical Center Fr	rederick, Md.
0⊨ ø	23a. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or count REMOVAL (Specify)	
P P P P P P P P P P P P P P P P P P P	Burial 123-1962 Mt. Olivet Cometery Frederick, Maryla	
15M 7 611	Robert E. Dailey & Bon Frederick, Maryland Date JAN 2 4 '62 C. Man &.	1 -
1)	2063 113/5	



STREET, BALTIMORE 1, MARYLAND L PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY "1 6. COUNTY MERVIEND b. CITY OR TOWN ('Foulside corporete limits, E. LENGTH OF STAY IN 16 C. CITY OR ROWN write RURAL end give neerest town) Edere d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? I YES T 3. NAME OF DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER I YEAR | IF UNDER 24 HRS last birthday) Months WIDOWED DIVORCED the. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? done during most of working life eyen if retired) GENERAL HOREMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 1 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown), (Ifyesgive werordetesofservice) WORLD WHIRL CAUSE OF DEATH [Enter only one cause per time for (e), (b), and (c).] ONSET AND DEATH Office DUE TO nemour hage geva rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1.6). 19, WAS AUTOPSY PERFORMED? NO a 206. EXTERNA CAUSE WAS PRIMARY of CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Pert I or Part II of Item IB. CAUSE OF DEATH. 1 20d. INJURY OCCURRED 200, PLACE OF INJURY (Home, farm. Month, Day, Year 20c. TIME OF INJURY (County) while Not While fectory, street, office bldg., etc.)
at work at work 1360. R.R. Hach 1962 21. I certify that I look charge of the remains described above, beld an Autopsy | Inspection and in my opinion Accident 6 Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated DATE SIGNED DEPUTY MEDICAL EXAMINER E-EKRMINER'S should FUNE NAME (Type) Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town Lor country) [State] REMOVAL (Specify) 40 1549196 NATIONAL BALT IMORE 246. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME IIM 7/59



Page 4 funeral director, FRYIICIAM: Th∥ law mquires mot the death certificate be exemuted within 24 hmurs ofter dea

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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a, COUNTY	Frederick	MARYLAND	a. STATE	rland	matter or comme	erick	on)
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3 NAME OF DECEASED (Type or print)	Carl Che	Middle ester	HAHN.	4. DATE OF DEATH	Month Fair		96 Z
s sex Male	6 COLOR OR RACE 7. MAR	RRIED THEVER MARRIED	5-20-190		1 1 41 7 1	YEAR IF UNDE	R 24 HRS Min.
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13. FATHER'S NAME			14 MOTHER'S MAID	DEN NAME			
	Unknewn			Unkn	OWIA		
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CATIC	HER SIGNIFICANT CONDITIONS					PERFOR	RMED?
	AS UNDERLYING 206 DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURE	RED. (Enter nature af inju	ry in Part I or Part 11 of it	em 18.)		
ZOc. TIME OF INJUR Haur a. m. p. m.	While		PLACE OF INJURY (Hame, actory, street, affice bldg		n) (Car	unity)	(State)
21. I certify the	at (I) (this haspital) atten					,,,	,
saw the decea	sed alive of	19, and that	death accurred at	M, fram the co	auses and an the		DATE
22a SIGNATURE	allemi	noull's	ATTENDING PHYS.	MED STAI	FF S. 🔲	1/18/6	SIGNED
NAME (Type)	ADEL D	EMIRA	22d ADDRESS	Frederic	k, Marylar	al .	
23a. BURIAL, CREMATIC REMOVAL (Specify)	DN. 236. DATE THEREOF	23c. NAME OF CEMETERY ROSodalo	OR CREMATORY	23d. LOCATION (C	City, tawn, or county)	t Vir	,
24. FUNERAL BIRECTOR	SUCNATURE	ADDRESS		REC'D BY REGISTRAR	25b. REGISTRAR'S SIGN		
12 hill 7.11	(a) - Brunsv	vick, Marylan	.CL DAT	E JAR 2 % '62	Distant 8	thouse	

TO HOSPITAL OR ATTENDATE THYRICIAN: The law equires hat the death certificate be exemuted within 24 heurs may be retay; by the relation of a cattering physician and completely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers, Roges 1 and the State Baard at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs, offer death. VR A15 (4) ISM 9/S9



1	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
\ =	PLACE OF DEATH
	a. COUNTY Frederick MARYLAND a. STATE Maryland b. COUNTY Frederick
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN to c. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town)
П	Frederick-Rural-R.D.#3 Years Frederick-Rural-R.D.#3
	d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street eddress) d STREET ADDRESS a. IS RESIDENCE
	T. Poole Jones Road T. Poole Jones Road YESAX NO
-	NAME OF First Middle Lest 4. DATE Month Day Yeer
	(Type of print) RALPH LEE HARGETT DEATH January 27, 19 62
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR F UNDER 24 HR
	Male White WIDOWED DIVORCED September 16, 1911 50 yrs. Months Days Hours Mn.
	106. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. C TIZEN OF WHAT COUNTR
	Renting-Farmer Farming Maryland USA
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Harvey L. Hargett Mary Elizabeth Davis
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	Yes, no, or unkown) (Ifyes give war or detes of service) 220-34-2310 Mrs. Eleanor G. Hargett-Same as Item #2
_	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
	PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (6)
	Conditions, If eny, which the
	geva rise to immedieta cause
	(a), stating the underlying DUE TO
-	couse last. (c) PART I. OTHER SIGNEF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS
INCHARACTURA	PERFORMED.
4 01	YES NO
PRESE	20e, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert II or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
1	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stele) Hour a.m. While Not While et work et work et work et work
1	p.m. 19 el work at work
	21. I certify that (i) (this hospital) attended the deceased from A
	saw the deceased alive on
	228. SIGNATURE 226. DATE ATTENDING MED. STAFF SIGN
	M.D. PHYS. DIRECTOR PHYS. 1/29/62
	22c. PHYSICIAN 22d. ADDRESS NAME (Type) NAME (Type) NAME (Type) NAME (Type) NAME (Type)
	B. O. Thomas, Jr., M.D. N. Market St., Frederick, Maryland
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial Jan/31,1962 Mount Olivet Cemetery Frederick, Maryland
2	4 FUNERAL DIRECTOR'S SIGNATURE SIGNATURE ADDRESSIONAL 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	M. R. Etchison & Son, Frederick, Maryland DAMAN 3 0'62 Culum & Kround
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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND
'	_	CERTIFICATE OF DEATH
funeral factor	M)	1. PLACE OF DEATH COUNTY Frederick 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence defeat atmission) STATE Maryland b. COUNTY Frederick
24 in by the 1 and 2 er deatily		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest own) whe RURAL and give neerest own) Thurmont c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest own) Thurmont
within surs after		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) Own Home o. Is residence on a farm? YES NOW
ecuted npletely papers. n 72 hc		3. NAME OF DECEASED (Type or print) Hazel Prudence Hitchers Dex Jair. 21 19
and cor carbon t, within		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED DIVORCED X April 15. 1894 9. AGE (in years F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
certificate hysician remove any even		100 USJAL OCCUPATION (Give kind of work dage during most of working life, even if refired) Clerical Work Tailoring Co. Maryland USA
ing p	(I)	13 FATHER'S NAME Joseph N. Gall Callie A. Wagaman
t the de a attend Then pl		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give were or deless of service) 213-09-8797 Miss Esther Gall Thurmont, Md.
law requires tha ding physician en signed by the st-transit permit.		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) December about intestined moons full undefinition OUE TO Conditions, if any, which gever see to immediate cause (b) Specify Cell Construction that apply (b)
W: The or attent or attent or has be her burize herital, or	,	(e), steling the underlying DUE TO ceuse lest. (c)
PHYSICIAN the hospital of this certificate of for use as the this prior to be		Chericalizated Chermatria arthety 20a ACCIDENT WAS UNDERLYING J 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in ury in Part I or Part I of Iam 18.) BYES NO X 1 If EITHER, NOTIFY MEDICAL EXAMINER)
ned by After Jetacher of Hea		20c, TIME OF INJURY Month, Dey, Year 20d. NJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) Hour a.m.
CTOR ld be o		21. I certify that (I) (this hospital) attended the deceased from 195019, to 12/10/219, that (I) (we) lass saw the deceased alive on 1960, and that death occurred at 1960, from the causes and on the date stated above
Pay E DIRE 3 shouthe State		228 SIGNATURE ATTENDING MED. STAFF PHYS. 1/32/62 SIGNEE
Page NERAI	1	22c. PHYSICIAN'S NAME (Type) Thomas A. Love 22d. ADDRESS Thurmont, Md.
death.		238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) 1-24-62 Blue Ridge Cem. Thurmont, Mid.
VR A15 (4) 15M 9/60		Laymond 6- George Thurmont, Md. dateAN 25'62 (15th of the state of the



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH LI PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If Institution: Residence before admission) a. COUNTY **b._COUNTY** Frederick Frederick Marviand MARYLAND b. CITY OR TOWN (if outside corporate limits, by # c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest lown) Frederick Frederick d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Frederick Memorial Mospital 337 East 3rd.St.Frederick.Md. YES NOT 3. NAME OF M ddle Year DECEASED (Type or print) DEATH January 1962 Eleanor Mary Howard 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) and Months Days Hours Female WIDOWED -DIVORCED September 1,1870 10a. USUAL OCCUPATION (G va kind of work 10b KIND OF BUS NESS OR NOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S.A. Marvland At home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E.Hargett Ellen Zimmerman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivawarordalasofservice) J.William Howard, 15 W. Luth. St. Frederick, Md. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the Yeart Disease BUF TO Conditions, if any, which (b) gava risa to immadiate causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20b. DESCRIBE HOW/INJURY OCCURED. Enter natura of Injury in Part I or Part II of Item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a PLACE OF INJURY (Home, farm 20f. (City or town) (County) (Stata) Month, Day, Year factory, streat, office bldg., atc.) Not While Hour a.m. While at work at work 1962 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. O HOSPITAL death. Page to FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) A.A.Pearre.M.D. h East Church St. Frederick Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION 236. DATE THEREOF (Stata) EMOVAL (Spacify) Frederick Mount Olivet Cemetery ÷ 8 Eurial M.R. Etchison & Son, Frederick Maryland. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) AN 1 7 '62 arthur S. Kraus 15M 9/60 DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND lilm-G305 RFALTH DEPT. THE RESIDENCE Where decessed lived, If 'nstitution; Residence before edm.ssion) PLACE OF DEATH a. COUNTY e. STATE b. COUNTY Frederick Maryland MARYLAND rederick b CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end a ve neerest town) write RURAL and give nearest town! Pleasant Frederick Epurs d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? (at Mt.Pleasant) at a store YES NO Y John Hanson Apt retain. 3. NAME OF Midd.e 4. DATE Month 3 to the f DECEASED OF (Type or print) DEATH Arthur 1962 James Jackson and 2 with 72 hours afte 6 COLOR OR RACE 7. MARRIED NEVER MARRIED [X] 8. DATE OF BIRTH 9. AGE (in yeers , IF UNDER 1 YEAR , IF UNDER 24 HRS. last birthday] Months | Days W.DOWED -DIVORCED | Male Negro 12-7-1899 10a USUA, OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired) thin 24 hours Give Pages 1 orm PM3. Pag Farmers Helver 苦しかがいる かんかが U.S.A Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert A. Jackson Mary EliZabeth Costley 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Frederick, had (Yes, no, or unkown) | (Ifyesgive werer detes of service) Office along with Alice Summers Latford None 45 John man 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Occlusion IMMEDIATE CAUSE (e) Coronary **DUE TO** burial Conditions, if any, which (b) "pending" geve rise to immediate cause W 10 DUE TO (e), steting the underlying Examiner cremation, or cause lest. PART II OTHER S.GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED U 8 plno 206. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW NJURY OCCURED. (Enter nature of in ury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING to the Carry Page 3 str icate, writing the to the Chief No. TOR: Page 3 st 20c. TIME OF INJURY Month, Dey, Year [20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour n.m. et work et work 2), I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry and in my op nion FUNERAL DIRECT Undetermined manner death resulted from. Natural causes Accident Suicide Homicide ie the certi CHIEF MEDICAL EXAMINER be forwar designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1-3-62 DEPUTY MEDICAL EXAMINER DEPUT plnous NAME (TypeB. 0. Frederick, Ind Address (Street, city, town, or county) Thomas LaD. 228. BURIAL, CREMATION, 226. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ò ₽.40 warmans Church easant Fred. Burial 23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S S.GNATURE VS. A15ME 162 5M 7/59 DAMAN 9 Citting & Thousa Frederick ...d Hicks. LL

RYLAND STATE DEPARTMENT OF HEALTH



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if ouls de corporele lim ts. outs de corporate limits, write RURAL end give neerast town) c. LENGTH OF STAY IN 16 write RURAL and give gearest town) INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO DECEASED OF (Type or print) DEATH 19 MBROSE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NGS 5. SEX B. DATE OF BIRTH AGE (In yours IT UNDER 1 YEAR I IF UNDER 24 HRS. last birthdey) WIDOWED ID DIVORCED Ina. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. MRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN J.S. ARMED ORCES? 16 SOCIAL SECURITY NO., 17, INFORMANT (Yes, no, or unkown) (Ifyes g.vawarordeter ofservica) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO Office Conditions, if any, which geve rise lo immediela causa DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY A or CONTRIBUTING Mattress caught fire age 3 to buri 20d. INJURY OCCURRED #20e. PLACE OF INJURY (Home, farm, ; 20f. (City or fown) 20c. TIME OF INJURY Month, Dey, Year (Stefa) (County) factory, street, offica bldg., atc.) Not While While 1-13 19 62 at work at work or Home Frederick Fred. 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection Inquiry and in my opinion Natural causes Accident X Suicide Homicide Undetermined manner DIRE CHIEF MEDICAL EXAMINER should be forward FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE **DEPUTY MEDICAL EXAMINER** PXAMINER'S DEPU NAME (Type) Address (Street, city, town, or county) Too 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Iown, or country) 22a, BURIAL, CREMATION. REMOVAL (Spacify) <u>7</u>40 24a, REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH



-	UU622 CERTIFICATE	E OF DEATH
1	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before
l	Frederick MARYLAND	*. STATE Maryland Frederick
	b CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c CITY OR TOWN (If outside corporete limits, write RURAL and give nearest
I.	Frederick 20 years	// Frederick
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
	22 East 7th Street	22 East 7th Street
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day 1
1	(Type or print) Raymond Maynard	Lease DEATH January 2,
l	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers if UNDER 1 YEAR IF UN last birthdey) Months Deys Hou
1	Male White widowed Divorced	Dec. 18, 1892 69 yrs.
	done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA
	Retired Painter Painting	Frederick County, Md. U.S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Howard M. Lease	Paulina Nicodemus
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivewerordelesofservice)	
		rs. Florence S. Lease 22 E.7th St. Fre
1	18. CAUSE OF DEATH [Enter only one couse par line for (e), (b), end (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL ONSET AL
ı	IMMEDIATE CAUSE (e)	preumone 2 da
1	5 7 DUE TO AD . 17	sphysema 272
1	Conditions, if eny, which (b)	3 plus serve
-1	(e), stelling the underlying	
1	couse lost. (c)	OT BY A TEN TO THE TENK NIAL DISEASE CONDITION ON THE BART 1(4) 19 W/
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT A	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WA
Department of the last	S A COLDON WAS A MORNING OF THE PARTY OF THE	YES _
- 1	OR CONTRIBUTING (1) CAUSE OF DEATH	ED. (Enter neture of injury in Part I or Pert II of item 18.)
		LACE OF INITI DV IN- 12- 201 (Carrent and Investor)
- 1	0	LACE OF INJURY (Home, farm, 28f. (City or town) (County) actory, street, office bldg., etc.)
1	Hour e.m. p.m. 19 while Not While of work et work	
	21. I certify that (I) (this hospital) attended the deceased from	
1	saw the deceased alive on	at death occured at 2,4M, from the causes and on the date st
1	22e S GNATURE	ATTENDING MED. STAFF
1	Bohman	M.D. ATTENDING MED. STAFF PHYS. 1-2-1962
1	22c PHYSIC AN'S NAME (Type)	M.D. PHYS DIRECTOR PHYS. 1-2-1962
	22c PHYSIC AN'S NAME (Type) Pr. B. O. Thomas, Sr. M.I	M.D. PHYS N DIRECTOR PHYS. 1-2-1962 22d. ADDRESS 228 North Market Street Frederick
1	22c PHYSIC AN'S NAME (Type) Dr. B. O. Thomas, Sr. M.I 23c. BURIAL, CREMATION, 23b DATE THEREOF , 23c. NAME OF CEMETERY	M.D. ATTENDING MED. DIRECTOR PHYS. 1-2-1962 22d. ADDRESS 228 North Market Street Frederick
1	22c PHYSIC AN'S NAME (Type) Dr. B. O. Thomas, Sr. M.I. 23e. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY BURIAL 15-1962 Rocky Hill	M.D. PHYS DIRECTOR PHYS. 1-2-1962 22d. ADDRESS 228 North Market Street Frederick Y OR CREMATORY 23d. LOCATION (City, town or county) Frederick County, Maryl
1	22c PHYSIC AN'S NAME (Type) Dr. B. O. Thomas, Sr. M.I. 23e. BURIAL, CREMATION, 23b DATE THEREOF PROCESS BURIAL (Specify) Burial 24. OTHER DRAFTS SCHOOLE ADDRESS	M.D. PHYS DIRECTOR PHYS. 1-2-1962 22d. ADDRESS 228 North Market Street Frederick Y OR CREMATORY 23d. LOCATION (City, town or county)



CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY a. STATE **b.** COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Thurmont hrs. within 24 haurs after d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial RD Hospital YES NO TO NAME OF First Middle Last 4. DATE Manth Yeor OF DEATH January LUCY MAGAHA 1962 (Type ar print) M_{\bullet} AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8 DATE OF BIRTH last birthday) July 18885 Manths f'emale white DIVORCED [WIDOWEDX X 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewafe Maryland U.S.A. Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Sulcer Effie Shaffer 16. SOCIAL SECURITY NO 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown None Dora Magaha Thurmont, Md. O 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH 屳 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Invender Sirear permit. Conditions, if any, which gove rise to immediate DUE TO cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES I NO IR 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Наиг a m. While Nat while of wark of wark p. m. 19.60 that (1) (we) lost 21. I certify that (I) (this hospital) attended the deceased from. 1960 and that death accurred at AM, from the couses and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING SIGNED M.D. DIRECTOR [22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) may be re 230 BUR AL, CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Frederick. Mt. Olivet Cemetery ADDRESS 256 REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR Thurmont, Md. VR A15 (4) DATE JAN 2 2 162 15M 9/59



RYLAND STATE DEPARTMENT OF MEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence a. COUNTY **b.** COUNTY Frederick MARYLAND Marvland. Frederick b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Limekiln, Maryland. Limekilm d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Limekiln Limekila, Maryland. YES NO completely 3. NAME OF Middle 4. DATE Yaar DECEASED OF DEATH January (Typa or print) McSherry McKimney Grace Lewis 1962 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF B.RTH 9. AGE (in years, IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Female 88 D VORCED November 22.1873 WIDOWED TO TOa. USUAL OCCUPATION (Giva xind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, B RTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimere, Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph McSherry Annie Lewis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas giva war or dates of sary ca) Mrs. Trege McKinney, Limekiln. Matryland. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN 30 Min PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to Immediata causa. DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 0 NO K 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) 20c. TIME OF INJURY (State) tactory, straet, office bldg., atc.] Whila Not Whila Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from...... 19 A and that death occur of the causes and on the date stated above. saw the deceased alive SIGNATUN 22b. DATE ATTENDING STAFF SIGNED DIRECTOR page with the O HOSPITAN death. Page 22d. ADDRESS NAME (Typa) Charles H. Conkey, Jr. N.MarketSt.Frederick.Maryland. 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. (Stata) ខ្មុំទីន Olivet Cemetery Mount 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATEJAN 1 0 '62 15M 9/60 M.R. Etchison & Son. 106 E. Church St. Frederick M. June & Thomas



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Frederick MARYLAND b. CITY OR TOWN (if outs de corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town) Adamstown Adamstewn d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, a ve street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X letely 3. NAME OF Middle 4. DATE Last Month DECEASED OF 19 62 (Type or print) DEATH THOMAS NOBLE MOHLER January 6 COLOR OR RACE, 7, MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years .FUNDER 1 YEAR IF JNDER 24 HRS. st birthday} Months Male DIVORCED WIDOWED T attending physician Len please remove 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State or foreign country) done during most of working life, even if retired) USA West Virginia Retired Farmer 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ⊆ Henrietta Harwood and George Washington Mohler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Then (Yas, no, or unknwn) | (Ifyesgivewarordatesofservice) Mrs. Arthur Hume, Adamstewn, Maryland No Nome 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN SET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gava rise to immediate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jem 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF NJJRY (Home, farm, 20f. (City or town) (County) (State) Morth, Day, Year factory, street, office bldg , etc.) Hour a.m. While Not While at work at work p.m. 21. | certify that (I) (this hospital) attended the deceased from. (.) , and that death occured at I. A.M., from the causes and on the date stated above. saw the deceased alive on.4 22b. DATE ATTENDING January 22,1962 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 228 North Market Street, Frederick, Md. 23a. BUR: AL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 表毒 0 Buria Mount Olivet Cemeterv Maryland 25m. REC'D BY REGISTRAR | 25b. REGISTRAR'S S.GNATURE VR A15 (4) DATEJAN 2 3 '62 Chilbury S. Thomas 15M 9/60 Etchison and Son, Prederick,

certificate

death



		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		OUGA MEDICAL EXAMINER'S CERTIFICATE OF DEATH NIG23
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
新	Ì	Frederick MARYLAND ** STATE Maryland ** Frederick
ACCEPS.	1-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
2000		Rural, Jefferson R.F.D.I 2 weeks Rural, Jefferson R.F.D.I.
dire dire		d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS
E STATE		ON A FARM YES TO NOTE
functions of the state of the s	3	NAME OF First Middle Last 14. DATE Month Day Year
Tar The Trett		DECEASED OF DEATH January I4 19 62
축 3 3 분 월	5.	SEX 6. COLOR OR RACE /7. MARRIED NEVER MARRIED B. DATE OF BIRTH 27 TOG T 9 AGE (In years IF UNDER 1 YEAR) IF JNDER 24 HRS
and 3 and 3 2 wil		OLOTOPED WIDOWED DIVORCED December 23, 1901 Months Days Hours Min.
affe 2 2,2,2 pd 2,4	10:	USUAL OCCUPATION (Give kind of work needed) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTS 12. CITIZEN OF WHAT COUNTS 13. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTS 13. BIRTHPLACE (State or foreign country) 13. CITIZEN OF WHAT COUNTS 14. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTS 16. BIRTHPLACE (State or foreign country) 16. BIRTHPLACE (State or foreign country) 17. CITIZEN OF WHAT COUNTS 18. BIRTHPLACE (State or foreign country) 17. CITIZEN OF WHAT COUNTS 18. BIRTHPLACE (State or foreign country) 18. BIRTHPLACE (State or foreign country) 18. BIRTHPLACE (State or foreign country) 19. CITIZEN OF WHAT COUNTS 18. BIRTHPLACE (State or foreign country) 19. BIRTHPLACE (State or forei
Page 1		None Frederick ,Md. U.S.A.
Page 1	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
2 ive 2 ive 2	V	Bernard O.Morris Connie Pierce
事のほこと	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
A ST	1	No Bernard O.Morris, Jefferson R.F.D.I, Md.
Les Ker		18. CAUSE OF DEATH (Enter only one cause per lian for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH
exe il in long ansign		PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) USPINATION COPING YEA WITH
bence a series a seri		7 (3 ADUE TO
out of the second		Conditions, if any, which (b)
Par Service Control of the Control o		gava rise to immediate cause (a), stating the underlying DUE TO
d as		cause lest. (c)
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edice w	CERTIFIC	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY or CONTRIBUTING X
A 中文化画	l u	CAUSE OF DEATH.
Nitial 8	S	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, street, office bidg., atc.)
y Par Y Pa Y Pa Y Pa Y Pa Y Pa Y Pa Y Pa Y Pa	MEDI	p.m. 19 at work at work
Price to the price of the price		21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🛣 Inquiry 🛣 and in my opinion
E E BUT		death resulted from: Natural causes . Accident 🕱, Suicide . Homicide . Undetermined manner .
he ce rivard nrward DIRE		CHIEF MEDICAL EXAMINER
		SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
TY BAR Ignati		EXAMINER'S DEPUTY MEDICAL EXAMINER X 1/15/62
EPU Se ex UNE UNE s des	1	NAME (Type) B. O. Thomas M. D. Address (Street, city, town, or county)
DEPU pase ex should FUNE its des	221	1. BURIAL, CREMATION, 22b DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cify, town, or country)
5 g 4 5 p	1	WILL ST. MARYS TERSVILLE MARY LAND
VS. A15ME	23	ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE JAN 1 9 '62
5 M 7/59		The till BRUNSWICK, MARYLAND DATE DATE COMM S. KING

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY a. STATE b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fowr write RURAL and give nearest town) Frederick d. STREET ADDRESS TICK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? & Lincoln Apt, Phebus YES NO Y lincoln Apt. Phenus Ave pletely 3. NAME OF DATE Day DECEASED OF (Type or print) Robert DEATH Allen 19 Onlev and cor carbon of, withi 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | AGE (In years | IF UNDER I YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days Male negro WIDOWED DIVORCED 2-20-1836 physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bar-Tender Frederick, Md U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Mary Onlev John Phillip Stanton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Frederick . Md (Yes, no, or unkown) ((Ifyes give war or dates of service) Lincoln apt 220-05-6301 Alexander of the second Ruth Onlev 18. CAUSE OF DEATH [Enter only one cause per line for tay, (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 U.O IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS JNDERLYING | 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL á. 20d, INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ' 20f., ICity or town) 20c. TIME OF INJURY Month, Dev. Year (County) (State) factory, street, office bldg., etc.] While Not While et work et work 19 and that death occured at A.D.M. from the causes and on the date stated above. saw the deceased alive on 22b, DATE 22e SIGNATURE 2 SIGNED ATTENDING DIRECTOR PHYS. PHYS. HOSPITAL 22c. PHYSICIAN S 22d. ADDRESS rector, 23a, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Frederick o ÷ a Fairview 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) F Frederick, Md 15M 7 61 Curthey & "

AND STATE DEPARTMENT OF HEALTH



FOR OTHER	Division of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESION SIREEL, BALLIMO	KE I, MAKTEAND
FUR STATE	_ 00628 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	11111/24
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If it	
Page alth.	a. COUNTY Frederick MARYLAND_	e. STATE b. COUNT	
20元号 3人人	b CITY OR TOWN (if outside corporate imits, c, LENGTH OF STAY IN 16	c. City or Town (if outs de corporate limits, write	RURAL end g ve neerest town)
W Fig. 5.	write RURAL and give nearest town)	Frederick //	
dire dire	Frederick 5 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
in it		1	ON A FARM?
y de une ine ine ine ine	24% West All Saints of Maddle	24A West All Saints	YES NO Y
de Sign	DECEASED	OF DEATH	
- 5 8 t = -	(Type or print) Mamie Viola	racrick	17 19 62 IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
deat deat	7. MAKNED NEVER MAKKED		Months Days Hours Min.
5 E C D	Female Negro widowed X DIVORCED	5-2-1907 54 yrs.	
1, 2, 1, 2, 3e 5 and and 7.2 b	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Par Par In 7	Domestic ********	Maryland	U.S.A
KA3.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
2 Pin	Wallace Disney	Annie Bostic	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (Ifyes grvewer or dates of service)	NFORMANT Address	ederick, Md
ted weight 18 with 1 sermil	No ****** 219-20-241 ar	y L. Edwards 41 John	Hanson Ant
a Tea C	18. CAUSE OF DEATH [thier only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN
ong ong big	PART I. DEATH WAS CAUSED BY: Arterial Sc	lerosis	CHALL AND DEATH
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ate adin	(a), slefting the underlying cause lest.		
tific in sec		T RELATED TO THE TERM NAL DISEASE CONDITION GIVE	N IN PART 1(a 19. WAS AUTOPSY
Par Barata			PERFORMED?
This dica		nter nature of Injury In Part 1 or Part I. of Item 18.)	
She had	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
ing sing	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, farm, † 20f. (City or town)	(County) (State)
Write Page to	B Hour a.m.	ry, street, office bldg., etc.)	
ē, ≒ ≒ 'ē	21. I certify that I took charge of the remains described above, he	d an Autopsy (X), Inspection (), Inquiry	/ . and in my opinion
DICA:	death resulted from, Natural causes , Accident . Suici	CHIEF MEDICAL EXAMINER	
The corwar	ACTUAL BYTHE		DATE SIGNED
\$ 1.5 T	SIGNATURE / SIGNATURE	M.D ASSISTANT MEDICAL EXAMINER	
DEPUTY should be forwing the forwing FUNERAL DI its designated to	EXAMINER'S	DEPUTY MEDICAL EXAMINER	1-17-62
EPTU Se explosion of the control of	NAME (Type B. O. Thomas Frederick Md 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Streat, city, town, or county) CREMATORY 22d, LOCATION (City, town,	or country) (State)
Should should be see should be see should be should be see should be seen should be see should be see should be seen should	REMOVAL (Specify)	Frederick	Md
5 4 5 p	Burial 17-20-62 FAITVIEW 23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR I 24b. REGI	STRAR'S SIGNATURE
VS. AISME	C. 9. Hak TL Frederick, Md		1 S. Kraus
5M 7/59	LICI Mess III Frederick, Md	DAMPIN E E UZ	1 22, 7

MARYLAND STATE DEPARTMENT OF HEALTH



00629 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY b. COUNTY Frederick Mary land Carroll b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Rural -- Mt. Airy. Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R. D. Frederick Memorial Hospiatl YES TO NO NAME OF DECEASED Middle 4. DATE Month Peacock OF DEATH 19 62 (Type or print) January 16 RLTZABETH 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED DIVORCED | WIDOWED-June 7 Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Real Estate New Castle, Penna. U. S. A. Realtor 13. FATHER'S NAME è James R. Boyd Frances Henry IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Maryland 559-07-8850 Mrs. Lloyd Aitkens. 2. Mt. Airy. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema 3 hours DUE TO about Congestive Heart Failure o davs Conditions, if any, which gave rise to immediate several Hypertensive and Arteriosclerotic Heart Disease **DUE TO** cause (a), stating the underyears lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Haur a. n. While Not while of work at work October 19 59, to January 19 62that I last saw the deceased 21. I certify that I attended the deceased from.____ alive on January 19 62 , and that death occurred at 3:30aM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 900 South Main St. Jan. 16,1961 PHYSICIAN'S NAME (Type) W. B. Culwell. M. D. Mount Airy, Md. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Jan. 18, 1962 Pine Grove Cemetery Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE C. M. Waltz. Winfield. Maryland DATE JAN 1 9 '62

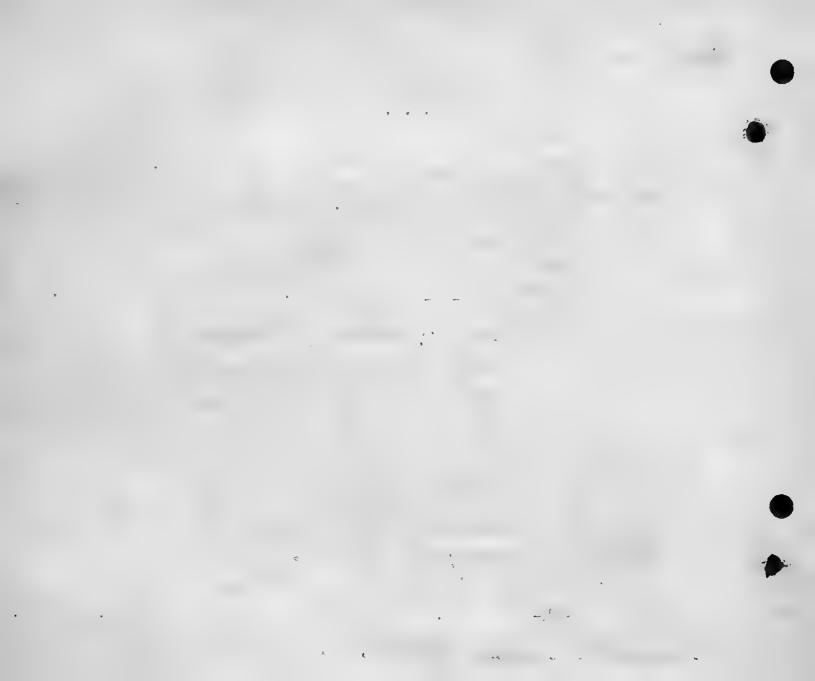
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1 ,,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
	00636 CERTIFICATE OF DEATH 0.062.5
led with	1. PLACE OF DEATH o. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before odmission) d. STATE b. COUNTY Allegany
death ld be fill be fill	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Culter C. LENGTH OF STAY IN 1b Culter Cul
the street of th	d. NAME OF HOSPITAL (If not in hospital, give street opdress) OR INSTITUTION LICE Starte Hospital 110 Belliue ON A FARM? YES NO B
n 24 hoi illed in pes 1 an oth.	3 NAME OF DECEASED (Type or print) Frank W Raley DEATH DODY Year 1962
pletely fill after death	5. SEX WIDOWED DIVORCED B. DATE OF BIRTH UNDER 19. AGE (In years last birthday) WIDOWED DIVORCED MIN.
execute nd camp	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHATCOUNTRY? La Coner (Supering prost of working life, even if retired) 12. CITIZEN OF WHATCOUNTRY?
ote be ician ar e carba ithin 72	13. FATHER'S MAIDEN NAME TO VOICE 1
certific a physi remay event, w	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT ROCCERT LEY SON 19 HOLT SON STRUMBULANT ROCCERT LEY SON 19 HOLD SON STRUMBULANT ROCCERT LEY SON STRUMBULANT ROCCERT L
seath tendir	18 CAUSE OF DEATH [Enter only one cause parine for (o), (b), and (c).] INTERVAL BETWEEN
the off Then g	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Turning whereary wherearty of the state of the s
ed by rmit. lavol,	Conditions, if ony, which (b) (b)
an. sign sit pe	couse (a), stating the under- lying couse lost. (c)
hysicians been shown tion, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? ATTENIOS CLENOTIC HEAT DISEASE — +20 YES NO E
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HYSICI, ar atte is certiff use as t o burial	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. Value Nat while Nat while County Street, affice bldg., etc.) (City or town) (County) (Stote)
Miter thi	21 1 certify that (I) (this haspital) attended the deceased from 126 1967 1971, that (I) (we) last
TTEND y the h TOR: A detach Health	saw the deceased alive an 19 of and that death accurred at 105 M, from the causes and an the date stated abave.
d be of	M.D. PHYS MED. STAFF 127/86 MD 27/86 MD 27/86 MD 22d ADDRESS 127/86 MD 127/8
PITAL e retail ERAL 3 shaul ite Boo	Midrael 2 24tis Cultery Maryland
O HOS may b page the Ste	230. BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION Kity, town, or county (Store) 1/30/62 Hilliest Cuelly Cuelly Cuelling Wal-
VR A15 (4) 15M 9/59	24 FUNERAL DIRECTOR'S SIGNATURE HOLDER Cumberland Market JAN 3 1 '62 256. REGISTRAR'S SIGNATURE
13M 7/37	The second



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) . COUNTY **b.** COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, & LENGTH OF STAY IN IL c. City OR TOWN (If outs de corporate limits, write RURAL end give neerest town) wr.te RURAL and give nearest town! Rocky Ridge Frederick D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE IIIN A FARM? Frederick Memorial Hospital YES X NO 3. NAME OF DATE DECEASED Ralph Reck OF Jeremish (Type or print) DEATH 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED 5. SEX 9. AGE (in years | IF UNDER 1 YEAR, IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) male white Months | Days Hours WIDOWED [DIVORCED an. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Farmer retired Own Farm Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ina Conaway Howard Reck à 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1 17. INFORMANT Address (Yes, no. or unkown) (Ifyas give werordeles of service) Rocky Ridge. Lillian G. Reck 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b,, and (c) INTERVAL BETWEEN combus, funoral arteries ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions. gave rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 17 NO I 20e. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, straet, office bldg., etc.) Not While While Hour a.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from.19 (1.), and that death occured a M., from the causes and on the date stated above. saw the deceased a ive on... 22a. SIGNA 22b. DATE ATTENDING SIGNED PHYS. 22d. ADDRESS Emmitsburg, Maryland 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stata) 23a. BURIAL, CREMATION, Tabor Cemeterey Rocky Ridge Md. Fred Co. ÷ 5 2 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 SUNEXAL DIRECTOR'S SIGNAME **ADDRESS** VR A15 (4) PATEAN 25 Thurmont, Ma. 15M 9/60



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
ie P	00632 CERTIFICATE OF DEATH	00628
The rune of the ru	1. PLACE OF DEATH a. COUNTY Frederick MARYLAND D. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (lif outside corporate limits, write Richard Composite limits).	Frederick
within 24 within 24 within 24 in b	write RURAL and give nearest fown) Brunswick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 123 Florida Avenue 123 Florida Avenue	S. IS RESIDENCE ON A FARM? YES NO.
xecuted papers in 72 hc	123 Florida Avenue Name of Deceased (Type or print) Myrtle Olive Riteneur	Pey Year 27 1962
te be ex n and co carbon snt, with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH Female Waite whowed 3 divorced 7-18-1884 77 yrs.	
certifica physiciai s remove any eve	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) Virginia 13. FATHER'S NAME	U.S.A?
death please	Charles Albert Sara's Riley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address	_
s that the san. y the at mit. The removal	(Yes, no. or unkown) (Ifyes givewar or dates of service) [Nad to Cox, 3runswick, Hary] [18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	land INTERVAL BETWEEN ONSET AND DEATH
It. The law require in attending physics has been signed to be burial-fransit per urial, cremation, or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause lest. (c)	1958
rsicial control cospital contificate use as the rior to b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 20a ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Itam 18.)	(IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
G PHN by the I ter this ched for Health p	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(County) (State)
OR: Af	Hour a.m. p.m. 19 While Not While at work at work at work	, 1967 that (!) (we) las
OR AT may be DIRECT 3 should the State D	saw the deceased alive on	
OSPIT TONEN Hod with	22c. PHYSICIAN'S NAME (Type) J.G.F.Smith 22d. ADDRESS	
O D D D D D D D D D D D D D D D D D D D	238. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) 1-24-62 Park Feights 236. REC'D BY REGISTRAR 256. REGISTRAR 256	Saryland
15M 7 61		Thur S. Harra

MARYLAND STATE DEPARTMENT OF HEALTH



RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AN OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) PLACE OF DEATH a. COUNTY Frederick a. STATE Maryland **b.** COUNTY Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) á write RURAL end give nearest town] Rose ont E sraddock Mei d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Vindabona Mursin- Horo YES NO 3 completely 3. NAME OF Middle 4. DATE Last Year Month Day DECEASED (Type or print) Carric Roderick Lee DEATH 19 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. and last birthday) Months Days Hours Fe ale WIDOWED \$1 event, DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Name Virginia U.S.A. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending William A. Tou, A annala Then 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yas, no, or unkown) , (Ifyes give war or detes of service) ending physician, been signed by the 18. CAUSE OF DEATH (Enter only one cause par ling tor (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate cause **DUE TO** (a), steting the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8. 19, WAS AUTOPSY CERTIFICATION PERFORMED? NÖ 20a. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) fectory, street, office bidg., etc.) While Not While Hour a.m. at work at work D₄m saw the deceased alive on... 22b. DATE 22a SIGNATURE STAFF PHYS. DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) .E./Pruitt 6 6 runswick.Mar 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23e. BURIAL CREMATION. 0 Union <u>Lovettsville, Virginia</u> FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR , 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 DATIAN 3 0 '62 Grunswick. Haryland Ending & Flores

be executed

requires that the death certificate



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00001

b. the funeral director

HYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haumay be retained by the harmonic or attending physician.

TO FUNERAL EXECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and the State Board of Health priar to burial, cremation, or removal, and in any eventy withthis 72 hours after death.

VR A15 (4) 1SM 9/59

00630

)i	PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	n: Residence before admission)
1	Frederick	MARYLAND	Marylan	d	Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		tside corporate fimits, write RL	IRAL and give nearest town)
	Unienville	10 Years	Unionvil	le .	_
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) TSAAC	NEWTON 5	SHIPLEY	4. DATE Mont OF DEATH JAN	,
Š.	SEX 6. COLOR OR RACE 7 MARE	RIED 🔀 NEVER MARRIED 🔲 🥫	DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
	Male White WIDOW	ED DIVORCED	Dec. 23, 1891	70 yrs.	Months Days Hours Min
0c	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Retired On	wned Own Busine	ss Marvlan	a	USA
3.	FATHER'S NAME	MICE VIII DECENIO	14. MOTHER'S MAIDEN N		004
	John J. Shipley		Louisa	Gaver	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Addr	ess Fred.
Į10	No. of unknown) (If yes, give war or dates of service)	14-36-0401 Mr.	Winston Ship	ley, 817 Monto	laire Ave. Md.
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), ond (c).]	*-		INTERVAL BETWEEN
	PART I DEATH WAS CAUSED 8Y:	acute core	NARY The	ombosis	ONSET AND DEATH
		CUTE COFE	WAKY //IF	0 m 120 5/5	
	DUE TO			, .	
	Conditions, if ony, which) (b)	Generalized	AFTERIOS	cleRosis	1/2275 ·
	gove rise to immediate (
	couse (o), stoling the under-				
_	lying couse lost. (c)				
څ	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19 WAS AUTOPS
3					YES INO G
CERTIFICATION	20d ACCIDENT WAS UNDERLYING 20b DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in P	ort I or Port II of item 18.)	
		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f (City or town)	(County) (State
MEDICAL	Hour o. m While	Not while foci	lory, street office bldg , etc.		(0.0)
Mile	p. m. 19 at wor				
	21. I certify that (1) (this hospita) attend	ded the deceased from s	Det 190	2 to JAN	, 19 <u>£.2</u> , that (I) (we) la
	saw the deceased ofive on 15 92.				d on the date stated above
	220 SIGNATURE	,			22b, DATE
	Altoiner.		A D. PHYS PHYS DIE	STAFF PHYS	S GNE
	22c. PHYSICIAN'S		22d. ADDRESS		
	NAMERTYPE) JR POIRIER		801 Tall H	OUSE AVE FRE	DERICK, NId
23	BURHAL, CREMATION, 23b. DATE THEREOF .	23c NAME OF CEMETERY OF	CREMATORY	23d LOCATION (City, town, c	or county) (Stote)
	REMOVAL (Specify) Buriel Jan 23 196	2 Mount Clivet	Comptour	Frederick	Marvland.
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'E		STRAR'S SIGNATURE
	1 1 1 1 1 1 VVVI	Frederick, Mary	2 1		
	M. R. Etchison and Son,	Lienciione mail	DATE N	2 3 '62	and X Turning



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 00635

00631

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
		Trodorial MARYLAND	a. STATE MARKED LOUNTY Fre danch						
i	ŀ	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		RURAL and give nearest town) 6.5 Yea	1 Le yore						
		d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE						
		OR INSTITUTION	ON A FARM? YES T NO FA-						
	3. N	NAME OF First Middle	Lost 4. DATE Manth Day Year						
		Type or print)	SICKIES DEATH Jan. 25 1962						
	5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS						
i		Y WIDOWED DIVORCED	Months Doys Hours Min.						
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU							
		during most of warking life, even if retired)	mariland u.S.A.						
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	10. 1	0 10 8 1+ 0	14. MOTTER STATE TO THE						
	10 1	WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. 1	NFORMANT Address						
		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.1	NFORMANT Address						
		70	Mr Vail Sickles, Le Fore, md.						
		1B CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).]	INTERVAL BETWEEN						
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	metri. 7-4 laces.						
		432, DUE TO							
		Conditions, if any, which) to William server some fixed							
		gove rise to immediate cause (a), stating the under-	+ '						
		lying couse last (c) (115060 (4 3	h: Corder tends o keeper						
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?						
4	CATION	Complete his it wash	YES NO						
	E .	20g ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRING CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Part II of item 18.)						
	Ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
			ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (Stote)						
	MEDI	Haur o.m. While Not while by m. 19 of work of wark	ctory, street, office bldg., etc.)						
	~	21 1 certify that (I) (this hospital) attended the deceased fram.	12 19 25 to 25 + 11 1962 that (1) (we) lost						
			death occurred ofM, from the causes ond on the dote stoted obove						
		220 SIGNATURE	death occurred of						
-		· · KRARIA BURIA DA	M.D. ATTENDING MED STAFF DIRECTOR STAFF						
		22c. PHYSICIAN'S	22d ADDRESS						
		NAME (Type) LIMES E STANER &	MAL TO THE						
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY S	DR CREMATORY 23d. LOCATION (City, Jown, or caunty) (Stote)						
	2.00	REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, jown, or caunty) (Stote)						
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	, 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE						
	29	MOD + WAR IN							
		J. C. Barlon, Walkersville,	no. DATE JAN 2 9 '62 77. 4 8, Phants						

director," auld be filed with DEUNERAL DATECTOR: Arrer this certificate has been signal by the attending physician and campletely filled in by the funeral page 3 shauld be detached far use as the burial-transit permit. Then please remove carbap-pagers Pages 1 and paying the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs ofter death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dec TO HOSPITAL OR ATTEN TO FUNERAL



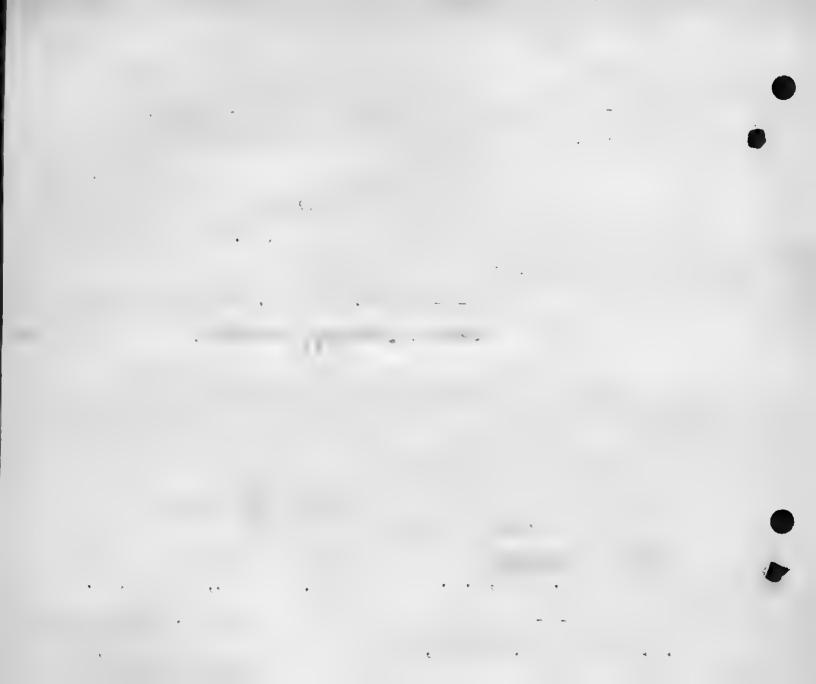
1	v		MARYLAND STATE DEPARTMENT OF HEALTH	
	A.		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
, e P	1		00636 CERTIFICATE OF DEATH	0.0632
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letely fill pers. 72 hour	- 1	3.	PREDERICK MEMORIAL HOSPITAL NAME OF First Middle Last 4. DATE Month	VES NO NO PORT
m pa			(Type or print) AOUDA L SMITH DEATH JAN 2.	3 1962
and co carbon t, withi		5	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDE last birthday) WIDOWED DIVORCED NOV 7- 1889 77 yrs.	RIYEAR IF UNDER 24 HRS.
cian ove		10a	USJA: OCCUPATION (Givs kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 SIRTHELACT (COLDEN & State of fore on collectivity) 12 (CITIZEN OF WHAT COUNTRY?
physic e remo			HOUSEWIFE OWN HOME MARYLAND FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA _
ding	(I)		GEORGE CLARAUGH ETTA BIRELY	
he atten Then moval,			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Address Address	-
o		٦	18. CAUSE OF DEATH [Enter only one cause per I na for [a,, (b), end (c).] (7)	LLE MITERVAL BETWEEN
/sicia			PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Create Kampulogic Powerest	ONSET AND DEATH
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nding seen ial-tr			Conditions, if any, which gave rise to immediate cause	
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ealt the			(IF EITHER, NOTIFY MEDICAL EXAMINER)	-,
ained h R: Aff detacl		MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or lown) (C Hour a.m. While p.m. 19 et work at work at work 10 et work 10	ounty) (State)
d be				9.5.7-that (I) (we) last
F. B.E. Flour Flour State			saw the deceased alive on. 1	the date stated above.
E C S	1		22e. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DI	24/67 SIGNED
Park NER TC	- (22c. PHYS CIAN'S DAMAZO, FrANK 22d. ADDRESS W, 3rd Frank	Jorach Md
eath. FU		234	BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country)	(Stote)
PEGE		4	BUBIAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250, REC'D BY REGISTRAR 256, REGISTRAR	CO IIID
VR A15 (4) ISM 7/61	Ros	24	Will of the state	7 & Kinga
	415	-	- Chicago	



A2 1	MARYLAND STATE DEPARTMENT OF HEALTH
TAD CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEPT.	10637 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	1 PLACE OF DEATH 6. COUNTY 6. STATE 6. COUNTY 6. COUNTY 6. COUNTY 7. COUNTY 8. COUNTY 9. STATE 9. COUNTY
Page V.	Trederick MARYLAND Maryland, Frederick
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
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0 AT	d. NAME OF HOSPITAL OK INSTITUTION (if not in hospite), give street address! d. STREET ADDRESS / ON A FARM?
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D THE TANK	(Yes, no. or unkown) (If yosgiva werordeles of service) 215-36-6550 m. Ina Smith, Boy 76, R-1, Welker wille, md.
and we are	INTERVAL BETWEEN
execential in long ansit in hold in hold in the long and and in the long and i	PART I. DEATH WAS CAUSED BY: Gargilyons STRAGANTESTING ONSET AND DEATH
Partie a compared to the compa	21 x DUETO STATISTICATED TONGERS CONTRACTOR & 7 dus
ould Firit	Conditions, if any, which
2 × × × × × × × × × × × × × × × × × × ×	gava rise to immediate causa (e), steting the underlying DUE TO
endiine	couse lest.) B facultur chapter is function fly felial 18 days
Examination, a used	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAST CONDITION GIVEN N PART I(a) 19. WAS NOTOPSY PERFORMED?
em a de	PART, II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(s) 19. WAS ALL DOSY PERFORMED? H. J. Calk U. J. L.
Addice would hould it, created	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW NJURY OCCURED. (Enter neture of injury in Pert II of Item 18.) PRIMARY I OF CONTRIBUTING IN CAUSE OF DEATH.
AMINER: Writing the Chief Me Page 3 sho	AUTOMOBILA RECIGANE - ACLIBETAR
ATTINE WATIFING Chief Sage 3 to buri	Hour a.m. A Whila Not While factory, street, office bldg., etc.)
XAMIN Incate, writin to the Chi COR: Page , prior to bu	21. I certify that I took charge of the remains described above held an Autopsy Inspection I Inquiry I, and in my opinion
E PO 4.	death resulted from: Natural causes Accident 6. Suicide . Homicide . Undetermined manner
Ser de REC	CHIEF MEDICAL EXAMINER
VEDIC sith certification of the certification of th	ACTUAL SIGNATURE MIA SAL (LIMINE) M.D. ASSISTANT MEDICAL EXAMINER (DATE SIGNED
DEPUT EDIC ase exects the ce frought be forward FUNERAL DIRE its designated age	EXAMINER'S DEPUTY MED CAL EXAMINER TO 1811
desise desise	NAME (Type) DERNARD U. THOMAS JV. Address (Street, c'ty, town, or county)
DEPUT should FUNEI	226. BUR AL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
5 g 4 5 g	Burial 110/62 Mt Olivet Ceur. Itelesick 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REG STRAR 24b. REGISTRAR'S SIGNATURE
VS. A15ME	
5M 7/59	J. C. Barlan Walkersville, md. DATE JAN 11 '62 C. Must S. Trans



214	-	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- P		UU638 CERTIFICATE OF DEATH 01631
o fune		PLACE OF DEATH a. COUNTY Frederick 2. USUAL RESIDENCE (Whate deceased lived, if Institution; Ras dence before admission) b. COUNTY Frederick MARYLAND b. COUNTY Frederick
by in death		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
n 24	.	Frederick-Rural RD#7 19 Months Frederick-Rural RD#7
vithi:	1	d. NAME OF HOSPITAL OR INSTITUTION, if not in hosp ta, give street address Yellow Springs 4 STREET ADDRESS NAME OF HOSPITAL OR INSTITUTION, if not in hosp ta, give street address Yellow Springs
ely y	1,	Yellow Springs Yellow Springs YES □ NO ▼ NAME OF First Middle Last 4. DATE Month Day Year
pcute pape 72		DECEASED (Type or print) WILLIAM CLAY STAUFFER DEATH January 26, 1962
com com on p ithin	-	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE [IN years IF UNDER 1 YEAR IF UNDER 24 HRS
in and e carb ent, w	1 -	Male White WIDOWED D VORCED 3 Sept 1918 Days Hours Min. Do. USUAL OCCUPATION [G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY?
certific physicia e remov i any ev	A	cons during most of working lits, evan if retired rectired Frederick, Md. USA FATHER'S NAME 14 MOTHER'S MAIDEN NAME
ding ding		Henry Goldsboro Stauffer , Edith Eleanor Cockrell
the danger of The part of the	4	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT 217-10-0264 Mrs. Margaret S. Stauffer (Same as item #1)
that n, the sit.		18. CAUSE OF DEATH [Enter only one cause par I ne for (a), (b), end (c).)
requires physicia igned by nsit perm		PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Cancer, attology uncertain. Onset and DEATH
The law ittending s been si ourial-tra		Conditions, if any, which (b) gave rise to immediate cause (a), stating the underlying DUE TO
IIAN: ital or a icate ha as the I to buris	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
rior	' I L	
PHI the labis of labi	18121	
NDING ined by E. After detacher of Hea	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or lown) (County) (Steta) Hour a.m. Whila Not Whila factory, streat, office bldg., etc.} p.m. 19 at work at work
e Dept		21. I certify that (I) (this hospital) attended the deceased from 6 = 27 = 1961, to 1=26, 1961, that (I) (we) last saw the deceased alive on 1=24 = 1962 and that death occurred at 104M, from the causes and on the date stated above.
OR may DIRE shou		228. SIGNATURE 22b. DATE ATTENDING MED. STAFF 26 SIGNED
ar a	and I	22c. PHYSICIAN'S NAME (Type) Rex R. Martin, M. D. 22d ADDRESS 220 N. Market St., Frederick, Md.
FUNE FUNE Sctor, filed v	= 2	23. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
Sep Sep 2		Burial [Specify] 1-29-62 Frederick, Maryland
VR A15 (4) 15M 9/60	2	M. R. Etchison & Son, Frederick Maryland Maryland Date 180 2 9 162 Callum & Main M
. 1	3 =	



Frederick RURAL and give nearest town)
Frederick OR INSTITUTION NAME OF (Type or print) S. SEX Male Electrician 13 FATHER'S NAME N CATION

PLACE OF DEATH

a. COUNTY

DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

211:-10-1:129 CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).

INTERVAL BETWEEN ONSET AND DEATH

DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE

DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES INO INO

20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY

Month.

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Part II of item 18.)

196. 2-that (1) (we) last

Hour o.m. p. m.

20d INJURY OCCURRED Day, Year While Not while at wark of work

M.D.

foctory, street, office bldg., etc.)

22d. ADDRESS

(State) (County)

21. I certify that (1) (this haspital) attended the deceased fram saw the deceased glive an

22o. SIGNATURE

.R. Etchison & Son, Frederick, Maryland

1962 and that eath accurred at 4.3M, from the causes and an the date stated above

ATTENDING

MED DIRECTOR

/62

22c PHYS:CIAN'S NAME (Type)

Charles S. Putnam, Jr.

23c NAME OF CEMETERY OR CREMATORY

N.Market St.Frederick, Maryland. 23d. LOCATION (City town, or county) Frederick.Maryland

(State)

22b, DATE SIGNED

24 FUNERAL DIRECTOR'S SIGNATURE

1/6/62

23a. BURIAL, CREMATION, 23b DATE THEREOF

Olivet_Cemetery

250 REC'D BY REGISTRAR

195

25b REGISTRAR'S SIGNATURE

15M 9/59

o FUNERAL

page 3 sh the State

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physician maye car nt, within

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ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed leved, if institution, Residence before edmission) a. COUNTY b. COUNTY e. STATE REDERICK MARYLAND Marykand FREDERICK
c. CITY ONTOWN (If outside corporate limits, write RURAL and give neerest town) b, CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 FDERICK BEDFRICK e. IS RESIDENCE ON A FARM? YES ANO 4. DATE Month DECEASED OP (Type or print) DEATH 6 COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months DIVORCED SEPT. 27. WIDO WED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 8 RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if refired! HOME MOTHER'S MAIDEN NAME TOUSEWIFE NAKO 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) MR. HAROLD L. STULL, RS, TREDERICK, MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestion Heart Flinker 3 Days IMMEDIATE CAUSE (a) DUE TO Phennati Ment Diserse Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Carlwonsenlen NO 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert il of 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH [County] (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, ferm,) 20f. (City or town) factory, street, office bldg., etc.) While Not While at work et work 1960 to Jan 22 . 1952 that (1) (we) last 22b. DATE 22e 5 GNATURE 5rGNED DIRECTOR PHYS. M.D. 22c. PHYSICIAN S 22d. ADDRESS director, 23d. LOCATION (City, town or county) 23a. BURIAL CREMATION, | 23b DATE THEREOF NAME OF CEMETERY OR GREMATURY 24 FUNERAL DIRECTOR 5 SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 [4] 15M 7/61 Walkersville



CERTIFICATE OF DEATH with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. county ederick a COUNTY Maryland MARYLAND Frederick CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) þe RURAL and give nearest town) Pina Libertytown Libertvtown years d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO K .⊑ NAME OF First 4. DATE Middle Last Manth Day Year DECEASED (Type or print) DEATH SPENCER HERER SUMMERS January 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 7. MARRIED T NEVER MARRIED last birthday) Manths Days Haurs DIVORCED [75 yrs. WIDOWED [7] 1886 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life even if retired Maryland farmer - retired owner Dan Z 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME within Fannie Joy Jonas Summers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Katherine D. Summers. attending Libertytown, none no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 48 moure IMMEDIATE CAUSE (a) **DUE TO** δ - DIAMOUS LAND ARE NOMA Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. b PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CATI YES NO . CERTIFIC 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) factory, street, office bldg, etc.) Haur a.m. While Not while at wark at wark p. m. 21. I certify that (I) (this haspital) attended the deceased fram, 20 19x1-, to ... MANA ... 19 lean and that death accurred Lite 40 from Me saw the deceased alive an causes and an the date stated above 220 SIGNATURE 226 DATE M D PHYS SIGNED 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typele FUNER 23g BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, 'town, or county) (State) bage he 1962 Fairmount Cemetery 0 RAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR MO DATE

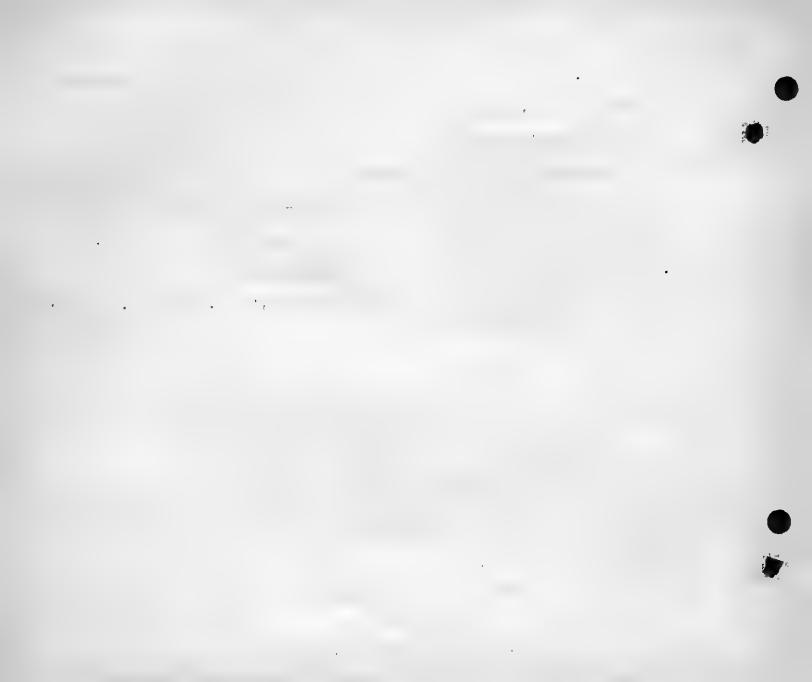
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND



1 -	MARYLAND STATE DEPARTMENT OF HEALTH
FOD CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
BENETH BERT	
MEVELLI ACLI	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before of mission) FIGURE 1. CK 5. COUNTY 6. STATE 6. COUNTY 6. STATE 7. COUNTY 6. COUNTY
Pag les,	MARYLAND Mary Tallu
3/3	b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
E STAIN R	ural, Idamsvklle, P. O life Rural Ijamsville, P.O.
\$ -1 P	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?
are are	Shot along Highway Rtr 11 YES NO K
ant) estail dea	DECEASED
でもます。	(Type or print) Toyce Lorraine Thom; son DEATH 1 22 19 62
d d d d d d d d d d d d d d d d d d d	Forme To Markiel Never Markiel 19 C 1070 legt byth day) Months Days Hours Min.
fer c	1 0 1 months 1 month
1, 2 1, 2 1, 2 1, 2 1, 2	10e. USUAL OCCUPATION (Give kind of work done dynnig most of werking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 13. A
our Bes 1 Bes 1	domestic Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Page Page	George A. Thompson Margaret M. Onley
是资度是传上人	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frederick, Co, M
with to right.	(Yes, no, or unkown) (Hyesgivewerordelesofservice) 212-38-9600George A. Thompson Ijamsville F.O Rt 1
ted from with pers any	18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]
in I in I in I in I in I in I	ONSET AND DEATH
redincillaria	
ild but be the bearing the bea	Conditions, if ony, which to
short s O in	geve rise to immediate cause
rdin as	(e), steting the underlying DUE TO
tific sed 2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPSY
red 'red' be u	YES TO NO I
This wo	
CR: The Me sho ial,	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter noture of Injury In Port I or Port II of from 18.) CAUSE OF DEATH.
her ber	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)
Pag of 1	20a. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hours arm. Year 21 19 6 2 et work of two works of two wo
X e t Sir	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
B C t	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
forwards In DIRE	CHIEF MEDICAL EXAMINER
A SO D	ACTUAL SIGNATURE DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
SAN (DEPUTY MEDICAL EXAMINER X
execution in the second	NAME (Type) OO TOMBS MO Address (Street, city, town, or county) HOC () ER (CR M D
DEPUTY sease exected to the form of the fo	220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify)
5 4 5 9	Burial 1-24-62 Ebeneezer Frederick.Co.Md
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE 1881 2 6 762 Colling & Property
5M 7/59	C. S. Hirts I'l Frederick, Mid DATEJAN 2 4 '62 Colling & Thank



CERTIFICATE OF DEATH neral director, be filed with 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) PLACE OF DEATH p. STATE a. COUNTY **b.** COUNTY MARYLAND Frederick Maryland c. CITY OR TOWN (If autside carporote limits, write RURAL and give rearest tawn) c LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporate limits, write RURAL ond give neorest town)
Braddock Heights.Md Poolesville 7 dvs d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE OR INSTITUTION
Vinda Bona Nursing Home ON A FARM? YES 🗍 NO 💢 NAME OF Middle Losi 4. DATE Month filled nes OF DEATH (Type or print) Katharine Walling Thompson January deat 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days Hours DIVORCED [Female White WIDOWED [3] March 8-1891 12. CITIZEN OF WHAT COUNTRY? 10a USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) during most of working life, even if retired)
House wife Own home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dr. Byron Walling Emily Poole 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Byron Thompson, 120 W. Church St. Frederick IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) sive ARTERIOSCHEROTIC CARDINASCULAR gave rise to immediate couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES IN NO 124 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (State) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) Day, Year factory, street, office bldg, etc.) Hour a m Not white While at work ot work p m. ____ 19____, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram..... saw the deceased alive an 12-31 __1961, and that death occurred at 64M, from the causes and on the date stated above. 22a, SIGNATUR SIGNED DIRECTOR -22c PHYS CIAN 22d. ADDRESS NAME (Type moy be retoin 5 FUNERAL D 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (State) 23a, BURIAL CREMATION 1/3/62 Monocacy Beallsville, Md 0 25b REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR . : Amos S. Thank Barnesville, Md 1SM 9/59



7 1 J	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
+ 60	00644 CERTIFICATE OF DEATH
funda Maria	1. PLACE OF DEATH a. COUNTY Frederick 2. USUAL RESIDENCE (Where daceased I ved, If institution, Residence before edmission) a. STATE b. COUNTY Frederick
n by the land or death	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give neerest lown) write RURAL and give neerest lown) Rocky Ridge c. LENGTH OF STAY IN 1b Lifetime Rocky Ridge
within within	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) At her home a. IS RESIDENCE ON A FARM? YES NO N.
mpletel) papers.	3. NAME OF DECEASED (Type or print) HELEN MAE TROXELL OF DEATH Jan. 14. 1962
and cor carbon	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED DIVORCED Aug. 29. 1909 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 Hrs. lest birthdey) Months Deys Hours Min.
rtificate smove smove ty even	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dress Factory 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stete, or foreign country) U.S.A U.S.A
aath ce ing phy lease re id in an	13. FATHER'S NAME John Sharer 14. MOTHER'S MAIDEN NAME Florence Myers
the de attend Then p	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give we rordates of service) Charles R. Troxell. Rocky Ridge.inD
equires that physician. aned by the sit permit, on, or remo	18. CAUSE OF DEATH letter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO DUE TO ONSET AND DEATH ONSET AND DEATH
The law ratending as been significantly crematical, crematical.	Conditions, if any, which gave rise to immediate cause (e), stating tha underlying DUE TO DUE TO Car Canonic They rould DUE TO
CIAN: pital or a fificate ha as the l	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PHYSI the hos his cert for use th prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN TART (18) PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
DING by After the detached of Hea	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) While Not While at work at work at work at work
Crick Crick ald be d e Dept.	21. I certify that (I) (this hospital) attended the deceased from 1900, to 1900, to 1900, that (I) (we) last saw the deceased alive on 1900, and that death occurred at 1900, from the causes and on the date stated above.
L OR May JIRE 3 shou	220. SIGNATURE ATTENDING MED. STAFF SIGNED
HOSPITAL Jah. Paga FUNERA Sector, page filed with	22c. PHYSICIAN'S NAME (Type) W.R. Cadle West Main St. Emmitsburg. MD
ဂီဗိုဂဗိုန်	23a. BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY ROCKY Ridge Fredk. Co. Md. (State)
YR A15 (4) 15M 9/60	25 DINERAL DIRECTOR'S SIGNATURE Taymond E. Grenger Thurmont, Md Date JAN 17'62 Outline & Kinese

MARYLAND STATE DEPARTMENT OF HEALTH



the funeral directar, rould be filed with PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dea TO HOSPITAL OR ATTENDATE AND SICIAN: The law requires that the death certificate be executed within 24 haurs may be reformed by the last cartificate has been signed by the attending physician and campletely filled in br.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in br. page 3 should be detached far use as the burial-transit permit. Then please remove carban papers Poges 1 and the State Board of Health priar to burial, cremation, or removal, and in any eyent, within 72 hours after death.

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	99645	CERTIFIC	ATE OF DEAT	<u> </u>		00640	
1. PLACE OF DEATH o. COUNTY	Ezederick	MARYLANI			If institution: b. COUNTY	Residence before admission) Richmond	/
b CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town) Frederick	c. LENGTH OF STAY IN 11		lf autside carparote li hmond	mits, write RUR	AL and give nearest tawn)	
d. NAME OF HOSP OR INSTITUTION	Box 106 RFI		d. STREET ADDRESS	N. Granb	y St.	# IS RESIDENI ON A FARA YES NO	VI?
3 NAME OF DECEASED (Type or print)	CLAVEL		LFONG Lost	4. DATE OF DEATH	Janu Janu		62
5. SEX Male	6. COLOR OR RACE 7. MARK	ED DIVORCED	Jan. 15,	, 1893	birthday) 9 yrs.		tin
during most of wo	ION (Give kind of wark dane 10b. rking life, even if retired)	Medicine	West	Virginia		U.S.A.	TRY
	ank B. Wilfon			rthelia I			
15. WAS DECEASED EV (Yes. no. or unknown)	(If yes give war or dates of service)	Unk.	Jean Ann I	ghter Furie, RE	PD 6,		1d
Canditions, if gave rise to cause (a), stating lying cause last	DUE TO any, which (b) immediate gribe under-	Carcinoma	of the Cecu		IDITION CIVE	INTERVAL BETWEE	TH
200 ACCIDENT WOR CONTRIBUTION			RED. (Enter noture of injury			PERFORMED YES NO	D?
7 20c. TIME OF INJU	. While	Nat while	PLACE OF INJURY (Home, for factory, street, affice bldg.,	etc.)	wn)	(County) (S	Stak
21. 1 certify the	nat (I) (itische potrai) attendased alive an 12					an the date stated abo	
22a SIGNATURE	Robert J.	Durie,	M.D PHYS.		AFF IYS	1 . 20 .	6
22c PHYS CIAN'S NAME (Type)		JRIE, M. D.	22d ADDRESS Freder	Fr ick Memo	ederic rial H	k, Maryland lospital,	
REMOVAL (Specific Burial	Jan 23, 196	23c NAME OF CEMETERY	ational Comet	23d. LOCATION	Ver. V	irginia	
M. R. Etc		rederick, Man		EC'D BY REGISTRAR		RAR'S SIGNATURE	



			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MANY LAND
k 70 0	-	_	00646 CERTIFICATE OF DEATH
after the funerand 2 shouls	VI)	1.	PLACE OF DEATH a. COUNTY Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b) 2. USUAL RESIDENCE (Where deceased lived, if institution: Rasidanca before admission e. STATE b. COUNTY MARYLAND MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
within 24	ı		write RURAL and give naarest town) Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp.te., give street address) Repederick Memorial Hospital Route # 1 Route # 1
cuted oferely apers 72 ho		3.	NAME OF First Hospital Hospita
compount prithin		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF B.RTH 9 AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS
ate be an and re carb vent, w	(1	10	male white WIDOWED X DIVORCED November 25,1881 80yrs. Months Days Hours Min. BOYES World Occupation (G ve kind of work 10b. KIND OF BUSINESS OF INDUSTRY 11 BIRTHPLACE (County & State, or one on country) 12. CITIZEN OF WHAT COUNTRY
certific ohysicia r. remov any ev	1	ł_	Ret. farmer own gen.farm Frederick Co. Md. U.S.A.
death nding p please and in			Daniel Wolfe Ann Rebecca Gaver
atter Then oval,		15. {Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unkown) (Ifyasgiva war or datas of sarvice) 214-42-1099 Mr. D. I. Wolfe Myersytlle Md
ian. ian. yy the mit.		-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
bhysic physic and E sit per on, or			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Idea Ldea L
ding len signer			Conditions, if any, which (b) Autored Schoolst ?
The affen tas be buright of			(e), stelling the underlying OUE TO cause last. (c)
ITAN: ital or icate l as the to bu	2.	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES THE NOTICE OF THE PROPERTY OF
PHYSIC the hosp this certif I for use Ith prior		CERTIFI	Gastric Veer with hemorrhas YES TNO [] 200 ACCIDENT WAS UNDERLYING [] 200 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part il of Itam 18.) OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
DING hed by After stached of Hea		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, tactory, street, office bldg, atc.) Hour e.m.
Pept.			21. I certify that (I) (this hospital) attended the deceased from
REC Hould			saw the deceased alive on
DE 3 s			ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 1/15/6 1
SPIT Pat NER I	- 1		NAME (Type) L. R. Schoolman Frederick, Md.
HO leath. FU		23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county) (State)
인 및 전 교 VR A15 (4)	2	24	Burial Jab. 17,1962 Harmony Ch. of Brethern Myersville, Fred Co. Md FUNERAL DIRECTOR'S SUGNATURE 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 27 62 Thank
15M 9/60	N.	 _	Bittle, Myersville, Monte

MARYLAND STATE DEPARTMENT OF HEALTH



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
h = 32 = 1	00647 CERTIFICATE OF DEATH	
# § [M)	1. PLACE OF DEATH o. COUNTY o. COUNTY o. COUNTY o. COUNTY o. COUNTY	on)
50	FREDERICK MARYLAND MA	
7 366)	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d in d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN	V.E.
東	ON A FAR	M?
ted 2 h	3. NAME OF First Middle ORTHIN STONLASS 4 DATE Manth Day Year	9
xecu ompl in 7	(Type or print) BARY ROY WISSHINGTON DEATH JAN 25 196	\geq
P P P P P P P P P P P P P P P P P P P	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI	₹5
in ar	WIDOWED DIVORCED 1 27 1/1/62 yrs. 177 2.	5
rifica sicia mov y ev	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNT	RY7
phy se re	13. FATHER'S NAME	-
ding ding plear	Melvin Wortsingto CATHERINE Rolling	
the cattern pattern pat, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (Ilyes grewer or dates of service)	_
the att. Timov	- sost records	
res fician by ermi	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	
aqui phys gned sit p on,	1 7 m IMMEDIATE CAUSE (6) + MMA 9K119	
ing ing ing sign sign sign sign sign sig	Conditions, if any, which (b)	
fine I frend frend s bee urial J, cre	gave rise to immediate cause (a), stating the underlying DUE TO	-
or at or at or at the base buriel	cause last, (c)	<u>-</u>
ital ital as t o b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP. PERFORMED	5Y
A SIGNATOR LASS	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH	Q.
유부 유부 교육 교육 교육 교육 교육 교육 교육 교육 교육 교육 교육 교육 교육	OR CONTRIBUTING [] CAUSE OF DEATH	
ING L by After After Heg	Solution	
Adet.	Hour a.m. While Not While fectory, streel, office bldg., etc.} Z p.m. 19 at work et work	
O A P	21. I certify that (I) (this hospital) attended the deceased from 2.5 74, 1942-to 2.5	
R A	saw the deceased alive on 25 77 / and that death occured at 7 / from the causes and on the date stated about 226. SIGNATURE	-
D E S S S	226. SIGNATURE ALD ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 225. DATE SISS PHYS. D ATTENDING MED. STAFF 255. DATE SISS PHYS. D ATTENDING MED. STAFF 275. DATE SISS PHYS. D ATTENDING MED. STAFF 275. DATE SISS PHYS. D ATTENDING MED. STAFF 275. D ATTENDING MED. STAFF ATTENDING MED. S ATTENDING MED. S ATTENDING MED. S AT	AED-
Page With	22c. PHYSICIAN'S NAME (Type)	-
OSP ON Hor,	R. L. Guest, M.D.	
death death direct be fill	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)	
YR A15 (4)	Cremation 1/26/62 Frederick Memorial Hospital, Frederick, Md.	
1SM 7 61	(P. Dave of Young tale f Frederick, Md. of 31 '62 wing & trous	
*	2.	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00648

1. PLACE OF DEAT	rh .		2. USUAL RESIDE	NCE (Where dece	ased lived, If institution b. COUNTY	on: Residenc	e before edmission)
Fr	ederick	MARYLAND	Maryland Frederick				
	(if outside corporete limits, nd give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpora	te limits, write RURAL	end give n	nearest town)
Point Of		Years	Point 0	f Recks			
	PITAL OR INSTITUTION (if not in hos	pitel, give street eddress)	d. STREET ADDRES	SS	- W		. IS RESIDENCE
			1				YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Dey	Yeer
(Type or print)	OCALE	CHRISTINE	WRIGHT	DEATH	January	19	19 62
5. SEX	6. COLOR OR RACE 7. MARRIE	NEVER MARRIED E	DATE OF BIRTH		AGE (In years IF UND		IF UNDER 24 HRS.
Fenale	White WIDOWE	D DIVORCED T	ec. 2, 1886		75 yrs. Month	is Deys	Hours Min.
10e. USUAL OCCUPA	ATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR			eign country) 12.	CITIZEN OF	F WHAT COUNTRY
done during most of v	working life, even if relired)	Government	Frederick	County.	Maryland	USA	
13. FATHER'S NAME	- 100	dovernment	14. MOTHER'S MAIDE		January January		
Char	les W. Wright		Mary J	Jane Brown	n.		
15. WAS DECEASED E	EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address		
No.	(If yes give war or detes of service)	16-22-8090 Mis	s Lake Wrig	ht. Point	t Of Rocks	Mary	vland
	DEATH [Enter only one ceuse per l			-1		LINT	ERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY:	10 P. Jan	mary V	Veryar	n 4 - 00	100	ISET AND DEATH
61	IMMEDIATE CAUSE (a)	المراسين المراسية			The state of the s	01	unica-
) A	DUE TO	力、し、大	0 /13:-	. 01 - 00		3	0+1.31
Conditions, if e		Laulaura	x whom	cellul	races	J	o i yuz
gave rise to imme	DILETO						U
couse last.	(6)						
Z PART II. OTH	HER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE CO	NOTION GIVEN IN	PART 1(e) 19	9. WAS AUTOPSY PERFORMED?
DIT N						Y	YES NO TH
E 20a ACCIDENT	WAS UNDERLYING [] 206. DES	CRIBE HOW INJURY OCCURED	(Enter nature of injury	in Part I or Pert II of	f item 18.)		
OR CONTRIBUTIN	IG CAUSE OF DEATH						
		INJURY OCCURRED 200, PLA	CE OF INJURY (Home, fi	erm. 20f. (Cily o	r town)	(County)	(State)
20c. TIME OF IN	While	Not While tech	ory, street, office bldg.,			, , ,	,
p.m	. 19 at wor	k al work		1	9	1-9	
21. I certify	that (I) (this hospital) atten-	ded the deceased from		, 193 al. to.L.	Jan.	195254 1	hat (I) (we) las
	ased alive on A	1862 and that	death occured at	1.P.M. from	the Lauses and	on the da	ate stated above
22a SIGNATURI	5 ALLX-(1)	1					22b, DATE
(00,00	VIA HI DEVO	and M	D. PHYS.	MED. DIRECTOR	PHYS. JE	m. 20	.1962 SIGNE
22c, PHYSICIAN	's	14/2	22d. ADDRESS				
NAME (Typ		ov Jr. M.D.	228 Nort	th Market	St., Free	lerick	, Ma.
23a RIIDIAI CREMA	ATION, 236. DATE THEREOF	23c. NAME OF CEMETERY			ION (City, town or c		(Stete)
REMOVAL (Speci		1			00 %		3
Burial	1-22-1902	St. Paul's Co		REC'D BY REGISTR	AR 25b. REGISTRA		
24 FUNERAL DIRECT	THAT I VV	TA ADDRESS				8. Krass	
M. K. Etc	hison and Son. Fi	rederick. Maryl	ARG DATE	IAN 23 '62	Cincinn	A. TWOL	US.

es I and 2 should here death. TO HOSPITAL. OR AT IDING PHYSICIAN: The law requires that the death certificate be executed within 24 leath. Par may be need by the hospital or attending physician.

* TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely "We d in by a fine-tor, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers.

S be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 77 mours after de-

24 19 Edward Inches MATTER THE PARTY OF THE PARTY O The sales of the s Average the control of the control o about the first of haltal paper to be a portion and the property mary the angle of the state of the s weight the state of the state o Complete to Connect to the SEC . C.R. of Proposed in Administration of the Connect in the Connec A Company of the second T. C. Welter Showing Transfer, Deplement

1	
the funeral d 2 should asth	1.
within 24 l	
a executed completely bon papers.	3,
ertificate b	10 dd
thending plan plan plan plan plan plan plan plan	13
TO HOSPITZ OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 ha finer death. Pag. may be resembled by the hospital or attending physician. S TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. It and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	MEDICAL CERTIFICATION
TO HO death.	2:
VR A15 (4) 15M 9/60	-

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	0049	CERTIFICATE	OF DEATH		00644
PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased lived, If in	stitution: Rasidanca before admissio
	-la	SAW DAFF WATER	a, STATE	b. COUNT	
b. CITY OR TOWN (if outside		e. LENGTH OF STAY IN 16	Maryla Maryla		RURAL and give nearast town)
write RURAL and give ne		E. LENGTH OF STAT IN ID	V		
Frederick		h weeks	/R. F. D. #4	, Frederick, 1	Maryland
d. NAME OF HOSPITAL OR I	NSTITUTION (if not i	in hospital, giva street address)	d. STREET ADDRESS		a. IS RESIDENT
Frederick Mem	emial Hee	mital	1		YES NO
NAME OF	First	Middle	Last 1.4	DATE Month	Day Yaar
DECEASED (Typa or print)				OF DEATH -	
	IRA	LESLIE	ZIMMERMAN	Januar	y 15 19 62
SEX 6. CO	LOR OR RACE 7. M.	ARRIED NEVER MARRIED 8.	DATE OF BIRTH	1 2 2 2 2 2 2 2 2	Months Deys Hours Min.
Male W	hite WID	OWED DIVORCED M	ay 16, 1881	80 yes.	Months Deys Hours Min.
e. USUAL OCCUPATION (GIV	ve kind of work 1	Db. KIND OF BUSINESS OR INDUSTR		& Steta, or foreign country)	12. CITIZEN OF WHAT COUNT
one during most of working life	, even if retirad)				
Farner		Farming	Frederick,		USA
. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
Isaac C.	Zimmerma		Laura Null		
. WAS DECEASED EVER IN U.		16. SOCIAL SECURITY NO. 17. 1		Addrass	
(as, no, or unkown) (Ifyasgive	war or detas of sarvice				
N.		214-36-0484 Mrs	. Zella A. Zir	merman (Same	as item #2)
		par line for (e), (b), end (c).)			ONSET AND DEATH
PART I. DEATH WAS	CAUSED BY: ATE CAUSE (a)	Card- 2resc	alar Hea	J'dugues	6 moch t
4271					
100,0	DUE TO	/			22010
Conditions, if any, while gave risa to immediate cause		Carding a			77-7
(a), stelling the underlying	PALIE TO	1 1 1	30		272+
cause last,	(6)	Crindra Cr	discussion	-	27.27
PART II. OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART I(a) 19. WAS AUTOPS
					PERFORMED?
					YES NO
OR CONTRIBUTING CAU		DESCRIBE HOW INJURY OCCURED.	(Entar netura of injury in Par	l I or Part II of item 18.)	
(IF EITHER, NOTIFY MEDICA					
20c. TIME OF INJURY N	Month, Day, Yaer	20d, INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, ferm,	20f, (City or town)	(County) (State)
20c. TIME OF INJURY A		tatilla Taol tatilla	ory, street, office bldg., etc.)		
p.m.	19	st work at work			
21. I certify that (I)	(this hospital) a	attended the deceased from.	19	35, 10. Jan 1.	2, 194.2, that (I) (we) I
saw the deceased aliv	vo on San	1.5 1062 and that	death occured ag: 1.	Whiten the causes a	nd on the date stated abo
22a. SIGNATURE	76 011	January and mar	donti occurso de de e	A COUNTY OF THE PARTY OF THE PA	22b. DAT
228. SIGNATURE	m m		ATTENDING MED		SIGN
	12000	Drees M.	0,	CTOR PHYS,	January 16,1962
22c, PHYSICIAN'S NAME (Type)			22d. ADDRESS		
B.	O. Thomas	, Sr. M.D.	228 North	larket St. Fre	derick. Md.
3a. BURIAL, CREMATION, 23		123c. NAME OF CEMETERY		23d, LOCATION (City, tow	
REMOVAL (Specify)					, , , , , , , , , , , , , , , , , , , ,
Furial	1-17-1962	Mount Olivet		Frederick	Maryland
FUNERAL DIRECTOR'S SIGN	ATURE ()	il spessellen		BY REGISTRAR 256. REG	STRAR'S SIGNATURE
M. R. Etchica	n and Son	Frederick Many	DATE IS	N 1 7 100	2 - 0 12 -

dalupped partial will call indicated the state allowed the state of the st Parties V. D. Brown, X. Orbins, indexil. tella sarine imports along Market name and the second of Office One of the same of the the same of the sa 15-N2 and the second of the second o onel to limitable tendent loying the Salatial Laber No the distriction and went for the Alexander of the Committee of the Alexander of the Committee of the Alexander of the Committee of the Comm